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LOYOLA UNIVERSITY CHICAGO

A STUDY OF THE FUNCTION AND MEANING OF IMAGERY EXPERIENCED
BY RAPE SURVIVORS

A DISSERTATION SUBMITTED TO
THE SCHOOL OF SOCIAL WORK
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DOCTOR OF SOCIAL WORK DEGREE

BY

MARY QUALEY BEALE

CHICAGO, ILLINOIS

MAY, 1996

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I want to thank each member of my committee for all they have done for me in this dissertation process. My Chairman, Dr. Randolph Lucente, has been unerringly supportive of me, this project, my work, and my writing. I appreciate the freedom and respect he has given me as I have struggled and developed my ideas. He has had the ability to suggest just the right article or a new idea when I so needed that helped. Dr. Katherine Tyson enabled me to believe it was possible, even legitimate, to explore this topic of interest in a way that fit with my values and beliefs. Her understanding of qualitative research and her careful and thoughtful attention to my work has been immeasurably helpful and has helped bring this study to its present form. Dr. Cunningham's keen eye and thoughtful and extensive critiques have been important contributions to this work and my learning. Her research skills, her writing experience, and her wonderful practice wisdom have been important to me. Although not a member of my committee, I want to thank Dr. Barbara Carter who taught me the analytic method. Her enthusiasm for and validated of the project was inspiring.

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And finally I wish to thank my family, Amy, Stephen, Matthew, and Julia for believing in me so strongly, for their unwavering support, and for their abiding faith that it would be accomplished. My thanks go to Cathie and Jim and many friends, too. Lastly, I must thank Dinah who was by my side every minute, and who kept me moving.

DEDICATION

This work is dedicated to the women who participated in this study and to all survivors of rape. The meta-image of this study has been their strength and generosity. They shared of themselves generously and openly, which has left the researcher deeply touched and awed by their courage in the face of rape and its effects, by their abilities to honestly observe themselves and interpret their extraordinary experiences, by their tenacity in the face of painful and disturbing memories, and by their strength and persistence to do what is necessary to heal.

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CHAPTER I

INTRODUCTION TO THE PROBLEM

Introduction

The purpose of this study has been to explore the function and meaning of imagery experienced by the survivors of rape and the ways in which imagery serves to elaborate conflicts, impact object relations, and affect the mourning process. A fascination with imagery, mental representation, symbolism, levels of memory and dreams stimulated the researcher's interest in this study. The emergence of both universal and individual symbolism in therapy, art, poetry, drama, play, literature, and everyday life has also been of interest for some time. This includes an interest in the creative process not only in the arts, but also, the process whereby the individual creates herself/ himself through the development of mental representations of self in relation to others and the world. Human beings are constantly taking in new material which, in most cases, is integrated and mastered. However, in cases of extreme trauma, symptoms arise in which imagery and mental representational material are meaningful and salient features. Imagery, in fact, constitutes the symbolic meaning of the trauma as it relates to the survivor's belief system about the self and world.

The symptoms of trauma are often imagistic in nature. They can include recurrent and intrusive recollections of the event, recurrent dreams in which the event is reexperienced, and dissociative states in which the components of the event are reexperienced as if they were happening again at that moment. Extreme stress can also occur when the individual experiences events that symbolize the traumatic event. Recurrent nightmares and intrusive images, as well as, numbing, depression, anxiety and hypervigilance are also aspects of trauma sequelae.

In their article, Brett and Ostroff(1985) contend that there has been a failure to appreciate the role of imagery in clinical theories of posttraumatic stress disorder, in empirical investigations of posttraumatic stress, and in the diagnosis and treatment of stressed individuals. This article reviews the work in this area and concludes that the literature includes varied and detailed descriptions of particular images that convey the intense, compelling quality of traumatic repetitions, but the focus on these images for those experiencing them quickly fades, becoming obscured and only partially visible. Brett and Ostroff suggest that this difficulty in keeping imagery in focus has led to a paucity of clinical models of posttraumatic stress disorder incorporating imagery's role; to the lack of research data on its range, content, and patterning over time; and to clinical and diagnostic confusion. They

suggest that a model of posttraumatic stress disorder that includes the two basic dimensions of repetition of traumatic imagery and affective and somatic states, as well as, the defenses against them would lend coherence and focus to both clinical and research efforts (p. 424). They also noted that Van Putten and Emory (1973) reported that hallucination or dissociative episodes about traumas have been mistakenly used as the basis for diagnoses of schizophrenia, psychomotor epilepsy and LSD abuse (Brett & Ostroff, 1985).

Purpose of the Study

The purpose of this study was two fold. First, it explored the function and meaning of imagery with survivors of rape and ways in which that imagery elaborates conflict, impacts object relations, and affects the mourning process. Secondly, the study explored the implications of the function and meaning of imagery in general. The object of this in-depth phenomenological research was to explore with the survivors of rape the content, nature, and meaning of their experience and the function and meaning of imagery after the traumatic event. The study looked at these processes as described by the individuals in the study. The hope has been that through this research that: 1) detailed information would be gained about the imagistic experiences of the survivors including its meaning, form, variation, and sequence; 2) an understanding of ways in which imagery elaborates conflicts, impacts object

relations, and affects the mourning process would increase; 3) the survivor's description and understanding of their experience along a number of dimensions would add knowledge to what is presently known; 4) the information gained from the survivors might serve as data to test theoretical constructs, and the assumptions of the interviewer; 5) there might be increased understanding and knowledge of the curative process, particularly as it relates to the role of imagery; and 6) the study might aid in the accurate diagnosis of posttraumatic stress, as the nature of traumatic imagery has frequently been misunderstood and has led to misdiagnosis.

Using the rape trauma as a vehicle for the study of the function and meaning of imagery created built in parameters for the research. As Horowitz (1976) notes in his study of stress response syndromes, there is a relevant external event which is known and can therefore be compared to consensual reality.

Significance of the Study

This study has significance for a number of reasons. First it has explored the function and meaning of imagery with survivors of rape, an area where there has been little research. Furthermore, it is this writers contention that imagery is a rich and significant area which has yet to be fully and systematically explored. The hope has been that this study of imagery might yield information, not only,

about its function and meaning in the rape trauma but also shed further light on its importance in psychic life.

The second reason for the study was a concern for the population chosen for the study, the survivors of rape. Rape continues to be a prevalent violent crime against women with many incidents not reported due to fear and shame of the survivor. Fear and concern among women that they may become victims has increased with increased publicity.

While it appears that the awareness of the impact of rape has greatly increased, old ideas die slowly. Even though rape is the "ultimate violation of the self, short of homicide" (Ullman & Brothers, 1988, p. 71), it is only in the last 20 years that mental health professionals have recognized rape as a devastating trauma. In addition, from the beginning psychoanalytic writers have been criticized for supporting the unfortunate view of rape as victim precipitated, Sigmund Freud, Helene Deutsch, and Karen Horney in particular. "Men have always raped women, but it wasn't until the advent of Sigmund Freud and his followers that the male ideology of rape began to rely on the tenet that rape was something women desired" (Brownmiller, 1975, p. 315). Brownmiller cites Freud's 1924 paper, "The Economic Problem of Masochism" in which, in her opinion, he lays down the psychoanalytic rule that masochism in women is a preferred state. Helene Deutsch's work on the Psychology of Women also promotes this point of view. "Deutsch's

belief in the fundamental rightness of rape as an archetypal female experience rested primarily on her view of sexual intercourse as an essentially painful encounter for the essentially passive woman" (Brownmiller, p. 316). Deutsch's work (1944-45) sadly followed Freud's early theory in which he renounced the evidence of early childhood incest in favor of his theory in which he believed that the sexual abuse experiences reported by women were fantasies related to the Oedipal experience. Deutsch wrote about women's rape fantasies as being so realistic that innocent men were unjustly accused of rape in trials.

Horney, another female neo-Freudian whose views strove to refute Freud's theories, also aligned herself with this view. She believed it was "instinctive" for girls to dream of rape in various "guises". The interpretation which now seems more than plausible is that these dreams stemmed from fear--fear generated from what they knew from experience or from the imagery of male aggression passed down through the ages and ever present in our culture today.

In fact, the psychoanalytic literature on rape has been sparse and few empirical studies have been done on the subject. This is striking compared to the work on other trauma groups, namely, holocaust survivors, combat survivors, surgical patients and victims of natural disasters (Ullman & Brothers, 1988). Old beliefs, while not entirely to be laid on the shoulders of psychoanalytic

writers, continue to be all too prevalent. It is therefore important to this writer that further research be done in this vital area within in a psychodynamic theoretical framework.

Social Work Concerns

This work is significant to social work as rape touches on all of the areas in which social work has traditionally and continues to be involved. Rape has political, societal, social, legal, interpersonal and intrapersonal implications. While this study draws an environmental-system boundary by dealing with the survivor's experience with rape and specifically with the function and meaning of the imagery inherent in that experience, any new research that adds to our knowledge of the individual will eventually permeate others levels of understanding and courses of action.

From a feminist point of view, it is also important that researchers continue to push research in areas that significantly affect women, and rape does so dramatically and almost exclusively. While men may be "raped", it is the image of women defiled by male power that remains most predominant. Rape, as a crime against women, carries many unique issues and has gathered much attention in the press with questions of what constitutes rape, the difference between date rape, convenience rape, and blitz rape. The ramifications of women coming forward to testify about their rape experiences and the ramifications of legal actions

against rapists have also been controversial and highly visible issues. These larger system issues, while extremely important and interesting, will not be a part of the study. While not the focus of the study they are a back drop and must be kept in mind.

Many women are now coming forward to talk about their rape experiences and are talking about their experience with post traumatic stress, but clearly many have not. Guilt, shame and fear of rejection due to concepts of having been "damaged", concerns about being seen as "asking for it", and fear of retaliation and rejection mitigate against openness. It seems to this writer that further study about women's experience with this trauma deserves attention and research. This research begins to fill this significant gap in the literature.

Conceptual Framework

The following will summarize the conceptual framework of the study which includes a theoretical and a methodological lens. Two basic concepts which are central to the research, mind and image, will be defined and their legitimacy as areas for research discussed.

Theoretical and Methodological Framework

Psychodynamic theory represents the theoretical lens and the Interpretive Phenomenological approach to data analysis, the methodological lens. The psychodynamic theoretical lens deals primarily with dynamic processes and

external influences. Interpretive phenomenology or the existential lens was the framework for the data analysis and looked at lived experience, ways of being, and self interpreted meanings described by the participants in the study. The two complement each other but look at different levels of analysis.

The fundamental contribution of existential therapy is its understanding of man as being. It does not deny the validity of dynamisms and the study of specific behavior patterns in their rightful places. But it holds that drives or dynamisms, by what ever name one calls them, can be understood only in the context of the structure of existence of the person we are dealing with. This distinctive characteristic of existential analysis is, thus, that it is concerned with ontology, the science of being, and with 'Dasein', the existence of this particular being sitting opposite the psychotherapist (May, 1983, p. 91).

May's words regarding existential therapy describe the way in which interpretive phenomenology and psychodynamic theory are complementary. Both frameworks influenced the interpretation of the findings of this study.

Mind and image are two concepts which are basic to the research. The following addresses the definition of these concepts and the legitimacy of their use in research.

The Mind

Clarifying this writer's conceptualization of the mind and the nature of human knowledge is central to this research. Great thinkers for centuries have pondered this issue. Of what does the mind consist? How is knowledge represented in the mind? What is the perceptual apparatus,

the mechanism of learning, memory, and rationality? What are the vehicles of knowledge and its forms, for example, the image, a concept, a word, and how do these modes of representation relate to one another? "Present day researchers, in particular, the cognitive scientists, now armed with new technologies, continue to explore these same questions. This "new science reaches back to the Greeks but is wedded to the use of empirical methods" (Gardner, 1985, p. 5). Central to this exploration was the computer, which, paradoxically, has helped scientists to understand the ways in which human beings are like and, also, not like computers. Much continues to be unknown, but one thing people do agree upon is that human beings have a highly developed capacity for thought, feeling, and deliberative action which distinguishes them from the rest of nature.

Plato was the first important figure in the Western tradition to explicitly defend the doctrine that the mind is an entirely nonmaterial entity--without such defining material properties as size, shape, or impenetrability--separate and distinct from the human body and able to exist apart from it. Plato used the Greek word "psyche" (traditionally translated as "soul") to refer to this entity. He was a dualist who believed in the existence of both material entities and immaterial ones.

Gardner (1985) cites Socrates' Platonic dialogue, Meno, as perhaps the first time in human intellectual history that

there was an extended rumination on the nature of human knowledge. Socrates believed that the purest forms of knowledge were implanted in the human soul, and that the task of instructions was to bring that innate knowledge to conscious awareness. This theory prevailed during the Middle Ages but became challenged by such thinkers as Descartes, Locke, and Kant during the Renaissance and the period of Enlightenment.

Mind, in Descartes view, was central to human existence and basically reliable. He saw the mind as standing apart from and operating independently of the body. Mind and body were distinct sorts of substances, absolutely opposed in their natures, and each capable of existing entirely independently of each other. "In his discussion of ideas and the mind, sensory experience and the body, the power of language and the centrality of an organizing, doubting self, Descartes formulated an agenda that would dominate philosophical discussion and affect science in the decades and centuries to follow" (Gardner, 1985, p. 52).

The two important themes that emerged from his philosophy became central issues in the tensions between the rationalists and the empiricists. "Those of the rationalist persuasion believe that the mind exhibits powers of reasoning which it imposes upon the world of sensory experience; the empiricists believe that mental processes either reflect, or are constructed on the basis of external

sensory impressions" (Gardner, 1985, p. 53).

The ideas of Descartes were challenged by a group of 17th century British empiricists, namely John Locke, George Berkeley and David Hume. Their epistemological focus was opposite to Descartes. They stressed the importance of experience with objects in the external world. Important issues were generated by these men, namely questions about the nature of sensory experience, the classification of objects, the role of language, and the status of the individual conscious self.

In the 18th century Immanuel Kant strove to synthesize the point of view of the rationalists (Descartes) and the empiricists (Locke, Berkeley, Hume). He needed to understand what permits the mind to apprehend experience in the way it does, and how it yields knowledge. A point of departure for Kant was the individual ego--individual with its own awareness and judgement. "Kant, more than did his predecessors, saw the mind as an active organ of understanding which molds and coordinates sensations and ideas, transforming the chaotic multiplicity of experience into ordered unity of thought" (Gardner, 1985, p. 58). Kant also devised another area of analysis, a priori, which he called the schema. This representation of the universal procedure of the imagination was providing an image for a concept which he called a schema. In his view a schema serves as a mediating representation which is intellectual

in one sense, sensible in another (Gardner, 1985). Freud also explored the mysteries of the mind through work with his patients and his analysis of dreams. He concluded,

It is essential to abandon the overvaluation of the property of being conscious before it becomes possible to form any correct view of the origin of what is mental. In Lipp's words (1897, 146f.), the unconscious must be assumed to be a general basis of psychical life... The unconscious is the true psychical reality; in its innermost nature it is as much unknown to us as the reality of the external world, and it is as incompletely presented by data of consciousness as is the external world by communication of our sense organs (Freud, 1908, p. 651).

By the 1920's the behaviorist view was strong particularly in psychology. They believed in the importance of the environment and saw humans as passive receptors of its forces which brought about conditioning and reinforcement. Social workers did not generally embrace this theory, as they were more focused on social reform, and the psychodynamic and psychosocial aspects of behavior although in the 1950's through the 1980's many embraced a logical-positivist point of view. As Tyson(1995) points out

In a climate where social reform was suspect and technological development was emphasized, other social and behavioral sciences increasingly adopted logical positivism . . . one of the most common methodological prescriptions to psychological researchers was for a variant of experimental design that used random samples and control groups and presented the findings in terms of generalizations about anonymous groups of "subjects" (p. 60).

Influenced by criticism and concerns that their work was not "scientific", many social workers began to use this

type of research as well.

Behaviorists believed that research should be restricted to the observable and the quantifiable. They eschewed such topics as mind, thinking, cognition, and imagination. Hypothetical mental constructs like symbols, ideas, schemes, and other possible forms of mental representation were seen as outside the purview of research although this theory had its detractors.

It was in this climate, which also brought the advent of the computer and work with "information processing", that cognitive science was developing. As noted, the computer at this time was viewed as the prototype of the human mind and, in fact, shed much light on these processes. Simon (1966) speaks about both the advances in information, as well as, the limitations when he wrote,

Perhaps the greatest gulf of ignorance today is not "within" neurophysiology or "within" information processing. . . but "precisely between them". . . we know almost nothing about the specific physiological basis for these information processes. We do not know what the engram is--how and where symbolized information is stored in the brain. We do not know how symbols are compared, copied, or associated (p. 6).

Can computers think? The problem, Simon concludes, is that we shall not be able to write programs for computers that allow them to respond flexibly to a variety of demands without creating a system that, in a human, we say exhibited emotion (p. 7). Questions still remain but

Cognitive science is predicated on the belief that it is legitimate, in fact necessary, to posit a

separate level of analysis which can be called the "level of representation". When working at his level, a scientist traffics in representational entities such as symbols, rules, images... and explores the ways in which these representational entities are joined, transformed, or contrasted with one another. This level is necessary in order to explain the variety of human behavior, action and thought. . . The cognitive scientist rests his discipline on the assumption that, for scientific purposes, human cognitive activity must be described in terms of symbols, schemes, images, ideas and other forms of mental representation (Gardner, 1985, p. 38).

Opening up research in this area, for this writer, has led to a profound and dramatic shift in thought and values. Bruner (1990) writes that the Cognitive Revolution was "intended to bring the "mind" back into the human sciences after a long cold winter of objectivism" (p. 1). As he notes this was not a revolution against behaviorism. The aim was to discover and to describe formally the meanings that human beings create out of their encounters with the world, and then propose hypotheses about what meaning-making processes were implicated. It focused upon the symbolic activities that human beings employed in constructing and in making sense out of their world and themselves (Bruner, 1990).

It is this same belief that will constitute the underlying assumptions and a major bias of this research. Critics believe that neurological structures and overt behavior are the only ontological assumptions that can be the basis for legitimate scientific research; this, on the other hand, is a materialistic bias.

Therefore, for the purpose of this research, using the assumptions of psychodynamic theory, the mind will be defined as a construct, its "realness" being inferred from its effects, e.g. expressions that stem from observable mental experiences, the phenomena. Those expressions include sensations, mental images, emotions, memory, expectations, desires, beliefs, dreams, motives, actions, traits of character, and the unconscious. As Bhaskar (1978) states "science employs two criteria for the ascription of reality to a proposed object: a perceptual and a casual one. The latter turns on the capacity of the entity, whose existence is in doubt, to bring changes in material things" (p. 4).

The mind will also be understood to have a conscious, preconscious, and unconscious level. There is also a "representational level" of the mind in which cognitive activity must be described in terms of symbols, schemes, images, ideas, stories, and other forms of mental representation. Man is born with the innate capacity to transform what is perceived externally into the forms characterized as existing in this representational level of the mind.

The Image

The image is also central to this proposed research. As noted, with the development of cognitive science since the 1950's this representational form has become an acceptable

area for research.

Images and imagery in this research will be defined as any thought representation that has a sensory quality. Images can involve the sense of seeing, hearing, smell, taste, touch and movement. Image refers to a specific experience. Imagery refers to different types of images experienced collectively. Images do not refer to external replicas but to mental representations. Images are not imitations but memory fragments, reconstructions, reinterpretations and symbols that stand for objects, feelings and ideas. This represents a motive to represent and to know (Horowitz, 1978). A person can describe an image in many ways, including information about content, vividness, clarity, color, shading, shape, movement, foreground background characteristics, and other spatial relationships.

Neurobiological and psychological explanations can elaborate on how and why a given image appears, in a particular person at a particular time. However, while neurobiologists focus on the anatomic and physiologic substrates as causes, the dynamic researcher's focus is on the cognitive use, psychodynamic meaning and motivational aspects of image formation. These two approaches interrelate, but in a complicated and ambiguous manner since the two bodies of theory have developed from extremely different types of observations and methods. At present,

"neither approach alone or in combination will fully explain an image experience" (Horowitz, 1970, p. 3). For this reason, it is this writers belief that sound research that sheds light on these processes will be of interest.

The Phenomenological Manifestations of Trauma

A variety of response patterns are common to people who have experienced trauma. These responses constitute the phenomenal manifestations of the trauma, the material real of the study. While the official categorization of post traumatic stress is represented in DSM-IV as posttraumatic stress disorder (PTSD), this study has explored meaning and imagery of all survivors of rape, who were experiencing symptoms related to that trauma. Women who fit the diagnostic criteria for PTSD and those who did not were included in the sample. Symptoms, for the purpose of this proposed research will be defined as subjectively distressing behavior, thought or feeling.

There are five areas of psychological functioning noted by McCann and Pearlman (1991) that are affected by trauma across survivors of rape, childhood sexual or physical abuse, domestic violence, crime, disaster, and the Vietnam War. These five areas constitute an extensive guideline for areas of experience to be examined from the perspective of the rape survivor's imagistic experience. These five categories are: emotional response patterns, cognitive response patterns, biological response patterns, behavioral

response patterns, and interpersonal response patterns.

In their pioneering study done in the early years when sexual assault was first deemed worthy of attention, Burgess and Holstrom (1974), embarked on a study of the psychological effects of rape. They labeled the victims' responses "the rape trauma syndrome". This study consisted of an adult sample of 92 women who were being seen at a counseling research project based in the emergency department of Boston City Hospital in 1972-73.

The first response category noted was the immediate impact reaction which frequently included shock and disbelief. They found that rape victims exhibit two main styles of emotion after a rape. One was the expressed style and the other the controlled style. In their research, those responding in the expressive style, demonstrated feelings of anger, fear, and anxiety, while those labeled controlled, masked their feelings in a calm, composed or subdued affect.

Burgess and Holstrom (1974) also noted physical reactions which included sleep pattern disturbances, eating disturbances and physical effects of the rape experience that were felt or somatized. Victims with sleep pattern disturbances either had difficulty falling asleep or were frequently wakened during the night and could not fall back to sleep. Victims experienced nightmares and it was not uncommon for victims to scream out in their sleep. Eating

pattern disturbances included loss of appetite and nausea. Areas of the body that were affected by the attack were also symptomatic. Those who were forced to have oral sex described irritation of the mouth and throat. Those who were forced to have vaginal sex complained of vaginal discharge, itching, burning sensations upon urination, and generalized pain. Those forced to have anal sex reported rectal pain and bleeding in the days immediately following the rape.

The emotional reactions most often expressed by women in that study was that of fear--fear of physical injury, mutilations and death. Other feelings included humiliation, degradation, guilt, shame, embarrassment, self blame, anger and revenge. Victims were also prone to mood swings. Women often displaced their anger onto others and reacted to objects that reminded them of their attacker. A strong desire to try to find ways to undo what had happened was also a response.

Dreams and phobias were major symptoms (Burgess & Holstrom, 1974). Examples noted were survivors dreaming they were in the same situation having the same experience, dreams about suicide, as well as mastery dreams. Phobias were also seen as common psychological defenses. For rape survivors, this included fear of being in crowds, fears of being alone, and fears related to characteristics noted in the assailant such as odors or other specifics such as a

mustache. Suspiciousness and paranoid feelings, and a global fear of everyone also resulted. Attempts were made by survivors to block thoughts of the assailant or the attack and efforts made to try to think of ways to undo what had happened.

Both dreams and phobias use imagery to displace conflict and/or feeling states such as anxiety, fear, shame, guilt and mastery. Dream symbols, like all symbols, stand midway between what is simultaneously known and unknown about the self (Lucente, 1987). They are, therefore, the closest approximations of experience whose import is at once partly remembered and partly forgotten (Jung, 1949). According to psychodynamic theory, phobias displace anxiety. The phobic fear reveals itself as a substitute for an actual fear, a fear that the person has difficulty meeting and therefore tries to evade (Alexander & Ross, 1969). For this reason dream and phobic imagery is a vehicle for furthering understanding of survivor's experience with the rape.

Long term responses of the survivors included changes in life style such as staying home most of the time, changing their telephone number, moving, and altered feelings and object relations with men.

It is important to note that many survivors suffered some or many of the symptoms mentioned above for a year or more following the rape but were too embarrassed or fearful of seeking the help which may be essential to recovery.

A final factor noted in the study (Burgess & Holstrom, 1974) was the number of survivors who had been previously raped or sexually molested as children and adolescents but had not, until the present rape experience, told anyone about it. At the time of the recent rape, they talked about the past in as vivid a fashion as the present. In these cases the prior experience had been repressed and probable symptoms gone untreated as resolution of conflict, adaptive restructuring of object relations and integration of loss through the mourning process did not occur.

Today the official, DSM-IV (1992) nosological category for a syndrome of responses related to trauma, including rape, is Posttraumatic Stress Disorder (PTSD). The criteria for this disorder include:

A. The person has been exposed to a traumatic event in which both the following were present:

- 1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

- 2) the person's response involved intense fear, helplessness, or horror.

B. The traumatic event is persistently reexperienced in one (or more) of the following:

- 1) recurrent and distressing recollections of the event, including images, thoughts, or perceptions.

- 2) recurrent distressing dreams of the event.

- 3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and

dissociative flashback episodes, including those that occur on awakening or when intoxicated).

4) intense psychological distress at the exposure to internal or external cues that symbolize or resemble aspects of the traumatic event.

5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

1) efforts to avoid thoughts, feelings, or conversations associated with the trauma.

2) efforts to avoid activities, places or people that arouse recollections of the trauma.

3) inability to recall important aspects of the trauma.

4) markedly diminished interest in significant activities.

5) feelings of detachment or estrangement from others.

6) a restricted range of affect (e.g., unable to have loving feelings).

7) a sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

D. Persistence of symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:

1) difficulty falling or staying asleep,

2) irritability or angry outbursts,

3) difficulty concentrating,

4) hypervigilance,

5) exaggerated startle response .

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than three months.

Chronic: if duration of symptoms is three months or more.

With delayed onset: if onset of symptoms is at least six months after the stressor.

It is clear that the responses and symptoms experienced by survivors of trauma, including rape, are extremely debilitating and influence the person's life and sense of self in significant ways. It is also apparent that images are an important aspect of that experience and play a significant role in the elaboration of the psychological aspects of the event.

Summary

In this chapter the purpose of this research was presented that is to explore the function and meaning of imagery with rape survivors. The study was seen as significant as little research has been done from a psychodynamic point of view on imagery related to the rape trauma. The study addressed important issues that are basic to social work concerns, the issue of violent crime against women and their responses to the experience.

The conceptual framework introduced the theoretical framework, psychodynamic theory, and the methodological

framework, interpretative phenomenology which was used in the data analysis and interpretation. Mind and image were defined and their legitimacy as an area for research discussed.

CHAPTER II

LITERATURE REVIEW

Introduction

This chapter presents a review of the literature on the important areas of the study: trauma, rape, imagery, object relations, symptoms, and mourning.

The Concept of Trauma

Trauma by definition is a disordered psychic or behavioral state resulting from mental or emotional stress or physical injury. Psychic trauma refers to an event or series of events that in some way causes subsequent impairment. The word's meaning can be traced to its Greek root "traumat" which meant "wound" (Figley, 1985). The traumatic state is brought on by a sudden, unexpected or non-normative event, in this case rape, that exceeds the individual's ability to meet its demands. As a consequence, traumatic stress reactions occur in the form of conscious and unconscious actions and emotions which continue after the actual trauma as posttraumatic stress reactions. The traumatic event disrupts the individual's frame of reference and other central psychological needs and related schemes (McCann & Pearlman, 1991). Trauma overwhelms and impinges

on individuals in significant ways. This definition relates to adult trauma and not to the chronic trauma experienced in childhood emotional deprivation or abuse. The trauma being dealt with in this study of rape refers to catastrophic trauma as opposed to "cumulative trauma".

Most theories on catastrophic trauma speak of trauma as disrupting the victim's object relations, that is the enduring ways in which the individual views him/herself in relation to self, to others and the world. These ways are seen as primarily unconscious mental images which have an affective component, and constitute the basic psychological structure of the individual. A number of theorists refer to this totality as "basic assumptions". As Janoff-Bulman(1992) writes

At the core of our internal world, we hold basic views of ourselves and our external world that represent our orientation toward the "total push and pull of the cosmos." Surely our basic assumptions may be more private and less elegant than theories that guide scientific observation and research; yet they are no less important as guides for our day to day thoughts and behaviors(p.4)

The classical psychoanalytic view on this subject stems from Freud's early conceptualizations on the etiology of trauma. His first formulation derived from his work in 1895 with Breuer on hysteria. At that time, three conclusions were reached. First, he felt that "the symptoms of hysteria can only be understood if they are traced back to experiences which have a traumatic effect, and these

psychical traumas refer to the patient's sexual life" (Furst, 1969). Here Freud was referring to the importance of early object relations, albeit related exclusively to those viewed as "sexual".

The second conclusion was, "it is not the experiences themselves which act traumatically, but their revival as a memory after the subject has entered on sexual maturity" (p. 164). In the rape experience past traumatic and presumably non traumatic sexual experiences will effect the individual's object relations and also their response to the event.

And the third, "sexual experiences of early childhood have the same significance in the etiology of obsessional neurosis as they have in that of hysteria" (Furst, 1969) and they account for a number of pathological symptoms, habits, and phobias, as well.

Freud's explorations with hysterical patients lead again and again to evidence of childhood sexual abuse--a reality he was unable to accept. Herman (1992) notes that in The Aetiology of Hysteria(1896) in which Freud reported on eighteen of his case studies, he wrote a paper that "rivals contemporary clinical descriptions of the effect of childhood sexual abuse" (p. 13). He also wrote "I therefore put forward the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience..."(p. 13). In the "Five Lectures on

Psychoanalysis", Freud wrote:

Almost all the symptoms had arisen in this way as residues--'precipitates' they might be called--of emotional experiences. To these experiences, therefore, we later gave the name 'psychical traumas' while the particular nature of the symptoms were explained by their relation to the traumatic scenes which were their cause (Vol. 11, p. 14) (Furst, 1969, p. 34).

Unfortunately within a year after this work Freud had repudiated that line of thought in favor of a theory that what was reported was fantasy.

Interestingly it was Breurer's abandoned patient, Anna O, who followed the exploration of hysteria to its logical conclusions. "The mute hysteric who had invented the "talking cure" found her voice, and her sanity in the women liberation movement. Under her own name, Bertha Pappenheim, she became a prominent feminist social worker, intellect, and organizer. At her death, the philosopher Martin Buber commemorated her: 'I not only admired her but loved her, and will love her until the day I die. There are people of spirit and there are people of passion, both less common than one would think. Rarer still are people of spirit and passion. But rarest of all is a passionate spirit. Bertha Pappenheim was a women with just such a spirit. Pass on her memory. Be witness that it still exists' (Herman, 1992, p.20).

Freud's early theory of neurosis was traumatic in character. He included as important factors the conditions under which certain experiences achieved traumatic status,

the content of the traumatic experience, the dynamic consequences of traumas, and the relationship of these aspects to symptom formation. All of these concepts are relevant to present day understanding of trauma and this study.

Freud's second theory related to trauma concerned itself with the intrapsychic events and mechanisms operative in trauma at the time it occurred. His formulation centered on the concept of the "stimulus barrier" which could be overwhelmed by intense and noxious stimulus. Most of the time the barrier functions effectively to protect ego integration and personality organization in situations which are moderately stressful. Psychic trauma occurs when the level of excitation from physical or emotional stress, from fear, from confusion and informational overload, is so great that the stimulus barrier is overcome (Titchener & Ross, 1974). This led to a definition of trauma as an event that caused a breach in the "stimulus barrier".

Psychic trauma can be summarized under three headings: trauma proper, preconditions of trauma, and effects of trauma. These categories were derived from Freud's theory. Trauma proper is defined as the excitations or stimuli from within and without that are powerful enough to break through the protective shield. The ego is unable to cope with the stimulus (Nunberg) and temporarily loses its mediating capacity (Anna Freud) (Furst, 1987, p.37-38). Preconditions

relate to the individuals emotional state and psychological make up before the trauma. The effects of the trauma involves the feeling of helplessness in the face of overwhelming danger which includes the disorganization of feelings, thoughts, and behaviors, as well as, physical symptoms reflecting autonomic dysfunction (A. Solnit & M. Kris, 1967).

Phenomenologically, trauma is specific and unique, and it is, also, sudden and totally disruptive. Viewed strictly, trauma proper is not subject to quantitative gradation--that is, the stimulus barrier either is or is not overwhelmed (Furst, 1967, p. 338). Three important factors that affect the extent and nature of the traumatic reaction include constitutional factors, effects of past experience and the psychic state prevailing at the time of the traumatic experience.

It will be noted that the concepts that Freud set forward have been incorporated into and reworked in the theories of trauma which followed. Pieces of his theory are retained by most theorists prominent in the field today, but he has been sharply criticized, particularly by women, for renouncing his early theory of childhood sexual abuse.

Henry Krystal and Mardi J. Horowitz are both prominent contemporary, psychoanalytic theorists and writers on trauma and post traumatic stress. Horowitz (1970, 1976, 1983) focuses more specifically on post traumatic stress and

imagery while Krystal (1988) deals more with affect.

In his model, Krystal makes a distinction between childhood trauma and adult trauma. The major difference between the two is that of emotional development. He posits that because of their development adults are better able to defend and anticipate situations. The majority of his work was done with the survivors of the Holocaust, which gives it a particular skew due to the prolonged and uniquely cruel and racist aspects of this trauma. His view focuses on adaptive failure in the face of overwhelming threat and places emphasis on Freud's "unbearable affect theory", "unacceptable impulse theory", and on repetition compulsion. He states, "My consideration of psychic trauma indicates that a full-blown adult traumatic state is relatively rare. For the most part, when causes stem from intrapsychic conflicts, the process is absorbed by the utilization of various defenses, which may, however, result in symptoms or symptomatic behavior" (Krystal, 1988, p. 168). For Krystal full blown psychic trauma results in psychogenic death a fear of the participants in the study.

Horowitz (1976), on the other hand, has done extensive work with a variety of victims of trauma and posttraumatic stress and has developed an informational processing model. He emphasizes the impact of trauma on cognitive schemes and the role of defenses. His theory proposes that until existing cognitive schemes can be integrated into the

traumatic event they will be repeated in the form of intrusive thoughts and images about the trauma. These images are affectively charged. He sees the numbing phases of post traumatic stress as serving a defensive function against overwhelming affect. There is a strong element of Freud's repetition compulsion in his theory but with a cognitive interpretation.

Ullman and Brothers (1988) follow in the psychoanalytic tradition but interpret trauma from a self psychological theoretical stance. Trauma is understood as shattering central organizing fantasies, fantasies of self in relation to self objects. "Our contention rests on a view of fantasies as 'meaning structures' (see Atwood & Stolorow, 1984, p. 5; Stolorow & Lachmann, 1944/5, p. on structures of meaning), which unconsciously organize the subject's experience of self in relation to self objects (Ullman & Brother, 1988). They further contend that shattering and faulty restoration of archaic narcissistic fantasies is typically manifest in the reexperiencing and numbing symptoms so characteristic of posttraumatic stress disorder.

Janoff-Bulman's theory is based on the concept that post-traumatic stress shatters the victims basic assumptions about the victim's world. This theory is derived from Epstein's (1985) work, cognitive-experiential self theory which "assumes that the essence of a person's personality is the implicit theory of self and world that the person

constructs" (in McCann and Perlman, 1990, p. 283). The impact of victimization, in Janoff-Bulman's view, shatters three particular assumptions: the belief in personal invulnerability, the perception of the world as meaningful, and the perception of oneself as positive (Janoff-Bulman, 1992).

The theory of R.J. Lifton is based upon the person's symbolization of life experiences. He theorizes that trauma disrupts these primary symbols (Lifton, 1988). The primary symbols include the death imprint, survivor's guilt, psychic numbing, a sense of disconnectedness, and the need for victims to formulate new inner forms of personal symbolization. Lifton stresses the need for mourning and sees the symptoms of trauma as a failure of enactment of the grieving process.

McCann and Pearlman (1990) have put together a model called the Constructivist Self Developmental Theory. Their theory posits that trauma disrupts psychological needs and cognitive schemes. The tenets of the theory are based on the notion that individuals develop schemes that include beliefs, assumptions, and expectations in fundamental need areas. These schemes develop within core areas of frames of reference and operate on a conscious and unconscious level. Individuals develop positive and negative schemes within these areas which are accompanied by feelings, thoughts, and behaviors associated with these schemes. If discrepancies

occur within a need area that is central to the individual, the event will be experienced as traumatic.

These main theorists constitute the present work that considers the symbolic and self representational content and meaning of traumatic events. These theories will inform and be a foundation for inquiry in this study.

Rape

Rape is a serious, prevalent, criminal act of violence against women. Presently the terms criminal sexual conduct, sexual assault and rape are often used interchangeably. Rape is defined as sexual contact without consent between two or more people. In this study that contact includes penetration of the vagina or anus, however slight, by a penis, hand or other object without consent. Marital rape has not been included in this study due to the complications of the nature of the relationship and the possible repetitious nature of the violation.

Three circumstances in which rape occurs were present in the study. They are stranger rape, acquaintance rape, and date rape. In stranger rape the perpetrator is someone the victim does not know. This kind of rape is the most clear cut in terms of family, friends, police, and medical personnel. Stranger rape is also known as "blitz rape", as the rapist seems to appear suddenly out of no where. Acquaintance rape is defined as a rape occurring when two people meet by chance, for example, socially but do not know

each other. This kind of rape is somewhat less clear cut and may lead to questions related to the victim's part in the rape. Date rape occurs in dating situations when the male becomes interested in sex but when the woman says no or resists, verbal and physical threats ensue and lead to physical force and coercion. This kind of rape for the victim and others is less clear cut and tends to lead to more self doubt and blame by victims and questions by others but it is none the less rape (Ledray, 1986). Ledray points out that women may not label the experiences they have as rape due to lack of understanding about the definition and parameters of what constitutes rape. A number of the women in the study said that at the time "I wasn't sure it was rape".

Interestingly, Webster's first definition of rape is that it is an act or instance of robbing or despoiling or carrying away a person by force. Metaphorically this has meaning. It is the despoiling, the carrying away of the representational and physical self. Rape according to Bard and Ellison (1974) is the "ultimate violation of the self (short of homicide)" (p. 71). Psychologically this is also meaningful. A crisis such as rape disrupts the defenses that operate to protect the self against the vicissitudes of life (Ullman & Brothers, 1988). It is so significant because the rape experience deprives the victim of autonomy and control over the most significant part of oneself, ones

body. As Freud stated "the ego is first and foremost a body ego" (Freud, 1923). Rape is an unwanted intrusion into the most sacred and private repository of the female self. Rape cuts to the core of the individual as it violates the primitive and initial sense of self.

Brownmiller (1975), one of the first feminists to write about rape, states in her important book, Against Her Will, that a female definition of rape can be contained in a single sentence. If a women chooses not to have intercourse with a specific man and the man chooses to proceed against her will, that is a criminal act of rape (p. 18). She has, also, written about the history of rape and much of what she documents continues to be subtly reflected in the assumptions that are held today.

The earliest form of permanent, protective conjugal relationship, the accommodation called mating that we now know as marriage, appears to have been institutionalized by the male's forcible abduction and rape of the female. No quaint formality, bride capture, as it came to be known, was a very real struggle: a male took title to a female, staked a claim to her body, as it were, by an act of violence. Forcible seizure was a perfectly acceptable way--to men--of acquiring women, and it existed in England as late as the fifteenth century (p. 17).

Furthermore, she notes that women have historically been thought to be the spoils of war, a practice that continues to this day in some areas of the world. During slavery, women were used sexually and categorization as "objects" by their owners. Slavery gave owners easy access to numerous submissive female bodies--individual resistance

was doomed (p. 154). There were expectations that female slaves were to "breed". In the lexicon of slavery, Brownmiller writes, there were "breeder women", "childbearing women", "too old to breed", and "not breeding women" (p. 154).

All rape is an exercise in power, but some rapists have an edge that is more than physical. They operate within an institutionalized setting that works to their advantage and in which the victim has little chance to redress grievances. Rape in slavery and wartime are two such examples (Brownmiller, 1975, p. 256).

These concepts speak to a history of thought and mental representation--images--regarding the status of women vis-a-vis men.

Female children and girls learn about rape early on. They learn that "rape is something that happens to females" (Brownmiller, 1975, p. 309). She cites Red Riding Hood as a parable of rape in which "there are frightening male figures abroad in the woods--we call them wolves, among other names --and females are helpless before them" (p. 310). This image is not far from the present day fear described by women in Gordon and Riger's (1989) book, The Female Fear, which was based on a study done in Chicago, Philadelphia, and San Francisco.

The only crime women fear more than rape is murder. And while rape is not often uppermost in the mind of women, it is ever present. Most women experience fear of rape as a nagging, gnawing sense that something awful could happen, an angst that keeps them from doing things they want or need to do, or from doing them at a time or in a way they might otherwise do. Women's fear of rape

is a sense that one must always be on guard, vigilant and alert, a feeling that causes women to tighten with anxiety if someone is walking too closely behind her, especially at night. It is a fear that calls up admonitions women have heard from childhood through adolescence and into maturity. It evokes visions of horrifying experiences of women known or heard about, and of women portrayed on TV and movie screens and in the newspaper (p. 2).

Women not only fear rape but death during the rape experience.

This leads to another important piece that relates to women, victimization, and imagery which is pornography. MacKinnon and Dworkin's (1988) work on this issue deals with the legal and social implications of pornography. They state that the

legal conception of what pornography is has authoritatively shaped the social conception of what pornography does. Instead of recognizing the personal injuries and systemic harms of pornography, the law has told society that pornography is a passive reflection or one-level-removed "representation" or symptomatic by-product or artifact of the real world. It thus becomes an idea analog to, a word or picture replay of, something else, which somehow makes what it presents, that something else, not real either. So its harms have not been seen as real. They have, in fact, been protected under the disguise of the name given that world of words and pictures which are not considered real: "speech" (p. 26).

It is a fundamental premise of this study that, on the contrary, words, imagery and the representational level is a powerful and meaningful level of understanding which can effect both perpetrator and victim. Pornographic images of male-female relationships can become internalized, can become assumptions and beliefs and can lead to behavior

reflecting its content. Pornography relates to another side of the equation, not under study here; that is the ways in which the imagery of a culture support and perpetuate behavior.

There is little theory or research on the meaning of rape to the survivor, and this is one of the purposes of this study. Understanding the meaning of the rape experience through the imagery of its survivors seems to be a way to get at this very question because it allows the survivor to access both the conscious and unconscious meaning of the event.

Object Relations Theory

The ontological assumptions of the study are psychodynamically based. Object relations theory in particular will be the overall theoretical framework of the study. This theory has strong explanatory power in this case, as the theoretical concepts fit well with the data being observed and the questions being explored. While many individuals have contributed to this theory and have unique perspectives, there is general agreement on certain definitions and constructs (Fairbairn, 1952; Greenberg & Mitchell, 1983; Guntrip, 1969; Hartmann, 1964; Kernberg, 1976; Klein, 1964; Jacobson, 1964; Mahler, 1964; Winnicott, 1965). This study will be using the theory in this generic way. Greenberg and Mitchell (1983) acknowledge theoretical disputes among theorists but support the notion of general

agreement on definitions which follow.

Object relations developmental perspective articulates how early child-caretaker relationship lies at the root of the child's emerging identity and psychic structure (Meissner, 1978b). The theory explains how object relations become internalized and provide the structural components out of which the adult personality and its pathology (and health) are created, expressed and perpetuated (Meissner, 1984). Early-caretaker relationship shapes the initial development of images of oneself and others. These images become enduring representations, which in turn shape adult interpersonal relations and then generate new input that leads to revisions in the schemata of the self and others in a never-ending process (Chatham, 1989). It is an important premise of this study that trauma disrupts these enduring representations of self and world and consequently stimulates conflicts and a mourning process. Conflicts will need to find resolution and new object relations constructed. Lost images of self and the self's unique relationship with oneself, with others, with objects of importance, and with the world will need to be mourned.

In psychoanalytic literature the term "object" is used to designate persons or things of the external environment which are psychologically significant to one's psychic life, whether such "things" be animate or lifeless. "Object relations" also refers to the individuals attitudes and

behavior towards such objects (Brenner, 1974).

A person's object relations, then, refers to both real people in the external world and the images of these people that are established internally. Object relations describe the interchange between "outside" and "inside" fantasies, beliefs and evaluation. Much of what constitutes personality is found in a person's current set of models that organize information about the self and others, as well as, the relationship roles between self and others. There is then a build up of dyadic and triadic cognitions which are essentially maps of oneself and others as they have been perceived and colored by the infant's desires, fantasies and defenses. There is also a relationship of these internal objects to one another which is referred to as internalized object relations (Chatham, 1989).

Another important construct in object relations theory that relates directly to the post trauma stress symptoms is that of the introject. Introjects refer to an image or representation of another person or part of another person that individuals experience with varying degrees of vividness. This can be experienced within oneself, like a photograph or may be experienced as outside the self, as a pseudo hallucination that seems real. The introject may be experienced as a vague, unformed, percept or in exceptional detail. The introject combines characteristics of an object image and self-image. Kernberg (1976) states that an

introjection is the most primitive process, consisting of memory traces of an object's image, an image of the self in interaction with the object and the affective valence.

Affects are crucial ingredients in the development of internalized object relations. Early images connect with affects and come to represent inborn dispositions towards a subjective experience. These templates constitute a memory trace of a person in a relationship with significant people from early childhood onward.

Greenberg and Mitchell (1983) talk about what they call the fundamental common problem addressed by object relations theorists related to drives and the relational models developed by them. The problem is

the transformation of psychoanalytic metapsychology from a theoretical framework based on drives to a framework which makes relations with others, real and imagined, the conceptual and interpretive hub. The various versions of the relational/structural model share common sets of assumptions which set them apart from earlier drive/structure theory: the unit study of psychoanalysis is not the individual, but the relational matrix constituted by the individual in interaction with significant others (p. 220).

This research is primarily based on the relational model of object relations theory, but from this writers view, this need not exclude the operations of psychic energy, motives, needs, and conflict.

In summary object relations include both real people in the external world and images of these people that are established internally. The survivor's unique object

relations constitute the core psychic experience and psychological structure which they carried with them at the time of the rape trauma. This has in part shaped their response and the nature and content of their imagery.

Images and Imagery

Understanding the definition of image and imagery is basic to this research. To begin, any thought representation that has a sensory quality is an image. Images can involve the senses of seeing, hearing, smell, taste, touch or movement. The image reproduces or represents sensory material that is perceived. Visual imagery, for example, is a specific kind of image. Images refers to a specific experience while imagery refers to different types of images experience collectively (Horowitz, 1970). "It is important to remember that images are not merely imitations, but memory fragments, reconstructions, reinterpretations, and symbols that stand for objects, feelings or ideas" (Horowitz, 1970, p. 4). Therefore, the image will not be thought of as a replica of the external world but as a mental representation.

Images are a basic unit of mental functioning. Whitmore (1969) uses the metaphor of the cell when he writes "that just like the blood cells are normal and basic constituents of biological functioning so are the images normal and basic constituents of psychic functioning" (p. 28).

In 1900 Freud postulated that the earliest thinking in

infancy was in the hallucinatory images for the purposes of temporary, if imaginary, gratification. Along the same lines Piaget in 1930 posited that the preverbal child, when he experienced a desire, might form an image, a kind of pseudo-hallucination that transformed or gratified the desire. In this framework images are linked to wish, gratification, and id cognition.

Sullivan looked at the phenomenology of the infant's experience and felt it would be incorrect to classify the residues as perceptions. He characterized these early images and sensations as aspects that are retained but not clearly understood or formulated. He called these images "prehensions". Sullivan (1930) saw the self as referring to a particular organization of experience within the personality, constituted by images and ideas concerning the person's experience of himself. He draws from G. H. Mead's concept that "each of us constructs from the perceived reactions of others to us a body of beliefs as to our personality, this going to make up the self" (Sullivan, 1932).

Arieti (1976) adds to this understanding of imagery when he states that contrary to perception, which relies on the external senses and apparatuses, the image is purely a mental representation.

An image not only re-evokes what is not present, it also enables a human being to retain an emotional disposition towards an absent object. He gives the example of the baby's early

experiences with the caretaking figure, the mother. The image of mother may evoke the feelings of love for her. When the mother dies, her image remains with the individual and so do the feelings. The image, then, becomes a substitute for the external and the absent object. Images also have an affective component. In this way multiple images develop in complexity and soon constitute the foundation of the inner reality, which in human psychology is as important as (and in some respects more important than) external reality (p. 45).

It is through these images that the self is created.

Stern (1985) asks the question, "what kind of sense of self is possible during this initial period?" (p. 45). It is, I think, this innate ability of the infant to produce images, first sensual and later visual, that lays down initial experience. People have the innate ability to abstract and create gestalts that lead to an organization about self and the world. Stern goes on to say that we can not know about the infant's subjective experience but states that "when diverse experiences are in some way yoked (associated, assimilated or connected in some other ways), the infant experiences the emergence of organization." He, does not, however, cite image making and the ability to symbolize as basic factors.

Langer speaks to this notion, the

tendency to organize the sensory field into groups and patterns of sense-data, to perceive forms rather than a flux of light-impressions, seems to be inherent in our receptor apparatus just as much as in the higher nervous centers with which we do arithmetic and logic.... Mental life begins with our mere physiological constitution. A little reflection shows us that repeated experiences are really analogous occurrences, all fitting a form

that was abstracted on the first occasion. Familiarity is nothing but the quality of fitting very neatly into the form of previous experience. I believe our ingrained habit of hypostatizing impressions, of seeing things and not sense-data, rest on the fact that we promptly and unconsciously abstract a form from each sensory experience, and use this form to conceive the experience as a whole, as a thing (Langer, 1971, pp. 89-90).

Stern's (1985) notion of the infant's innate capacity for amodal perception, that is to take information received in one sensory modality and somehow translate it into another sensory modality, may have implications regarding the content and fluidity of sensory material in images, but is clearly beyond the scope of this study.

Lifton (1988) furthers Langer's concept when he says that, "The image comes into being only through central nervous system involvement--through inner recreation of whatever is encountered from outside. That is the basic law of symbolization, which both images and constellations, as varieties of psychic forms must obey." Most importantly, he writes, "the self is the most inclusive of all individual forms, one's symbolization of one's own organism" (Lifton, 1979, p. 38). He sees this as the central motivating principle for psychic action, that is, for the creation and recreation of images and constellations, and its absence or break down in trauma as life threatening.

Arieti (1976) describes ways in which the mind unceasingly uses images. One activity is that of association of one image with other images through the

mechanism of spatial or temporal contiguity. In some images there is what Arieti calls a salient part or a salient element which leads to other images that have the same salient part. His example is the image of a crescent which may lead to an image of the moon, or a banana. Condensation or fusion of one image with another is another way the mind uses its images. He concludes, "imagery emerges not only as the first or most primitive process of reproducing or substituting for the 'real', but also as the first or most primitive process of creating the 'unreal'" (p. 49).

The psychodynamics of image formation are relevant to this study. Concepts of primary process, secondary process, condensation, displacement, and symbolization are important aspects of the material under study. Basically, there is an organization and regulation of thought which runs on a continuum from analytic, reality-oriented, logical thought to fantasy based, wish-oriented, magical thinking. Horowitz helps with some distinctions (Horowitz, 1970). Secondary process is seen as reality oriented, rational thought that is easily understood by others. Primary process, on the other hand, is not oriented towards reality, not readily understood by the self or others, and is emotional and idiosyncratic. These images have to do with internal motives and states more than external ones. Images used in these forms, also, tend to be arranged by primary process types of associations with evidence of condensation,

displacement, and symbolization. Image formation, in these circumstances, may gratify wishes or may express conflicted and hidden memories.

Condensation is characterized by the mind's ability to compress several latent meanings into a single manifest image or images. A form of condensation is found in the omission of ideational elements and allowing a part to stand for the whole. Displacement, on the other hand, is a mechanism that results in a change of relative emphasis. For example, an idea about oneself may be displaced onto some one or something else. These concepts were developed by Freud in his 1900 work, The Interpretation of Dreams. Symbolization is a process by which one object, feeling, or situation may be chosen to signify another. It differs from displacement in that the meaning is relatively fixed, and the meaning may be collective as well as idiosyncratic.

As is evident, images express the internal self, wishes, conflicts, and memories. Horowitz (1970) suggests that images have not gotten the attention of much research because they are not very suitable for behavioristic research. "The lack of interest in images has been due to the fact that the most important functions of images (maintenance of motivation for absent objects, transformation of emotions, symbolic formation, building of inner reality) has not yet been fully recognized" (Arieti, 1976, p. 46).

Symptoms and Conflict

Another psychodynamic concept that is relevant to this study is that a feeling, thought, or act designated as symptomatic is reflective of something else which in this writer's view means it is symbolic. Brody brings clarity to this notion. "This view assumes the existence of hidden (from both subject and observer) determinants and functions (probable consequences) of the visible behavior or reported subjective state. The psychodynamic description of these determinants and functions is framed in terms of a conflict of unconscious or preconscious psychological forces" (Brody, 1974, p. 17). He lists these forces as two opposing but incompatible tendencies, e.g., a wish to be independent and autonomous versus a wish to be dependent, or a wish to be passive, submissive and compliant versus a wish to be active, dominant and aggressive. They may, also, be socially unacceptable wishes versus inhibiting forces often thought of as the superego. In any event the behavioral pathway, i.e., the symptom or index behavior itself, is shaped by the particular tendencies involved, the anxiety generated by conflict between them, and the ego defense mechanisms which it activates. These functions serve to keep anxiety at a manageable level and unacceptable conflicts from erupting into consciousness or being translated into action (pp. 17-18).

Symptoms, in this formulation, are compromise

formations. That is, symptomatic behavior represents an unsatisfactory compromise between unconscious wishes, the demands of the superego, and of reality. The symptom may have symbolic significance as an expression of this compromise formation and may be an attempt to communicate this, to reflect unresolved identifications with important caretakers or love objects, or involve culture-specific expressive or instrumental symbols (p. 19).

Psychologically, symptoms are symbolic messages related to the persons cultural values or individual histories.

Symptoms, therefore, have been a source for understanding of the rape experience as they represent, are a form of imagery, whereby unconscious fears, beliefs, and values, which can not be freely accepted and expressed, find expression.

The Mourning Process

One of the basic premises of this study is that trauma constitutes a profound loss to those who experience it. Trauma strikes at the individual's conscious and unconscious understanding of self and world which leads to a dramatic loss of self meaning. What this loss has meant more specifically, to the survivors of rape, has been a basic thrust of this work. Loss of a loved person is one of the most intensely painful experiences a human being can suffer (Bowlby, 1980). Loss of oneself can be even more profound. Since trauma disrupts a persons object relations, it can be

understood that trauma effects a loss to the survivor of rape on many levels: view of who one understands oneself to be, view of ones sense of the world, view of ones safety, view of power over others, view of vulnerability, and view of the meaning of life itself.

When individuals sustain the loss of someone or something of significance in their lives, mourning is the natural human response. Freud's seminal paper, "Mourning and Melancholia" (1917), first addressed the issue.

"Mourning is regularly the reaction to the loss of a loved person or to the loss of some abstraction which has taken the place of one, such as fatherland, liberty, an ideal, and so on" (Freud, 1917). In this work Freud speaks of mourning as a psychical task that needs to be performed to resolve the loss. The function of the mourning process was understood as a need to "detach the survivor's memories and hopes from the dead." This basic concept still holds but has been elaborated as psychodynamic theory has developed.

Kubler-Ross (1969) in her work with dying patients observed predictable stages that patients went through as they dealt with loss and death. Each persons process proceeded in its unique way but common elements were observed. These stages include: denial and isolation, anger, bargaining, depression, and acceptance.

Based on extensive observation of individuals who had experienced loss of a loved one, Bowlby (1980) concluded

that emotional responses, over the course of weeks to months, moved through a succession of phases. He noted that while these phases may oscillate and were individually unique, he found that a discernable sequence existed. Bowlby noted four phases: 1) a phase of numbing that usually lasts from a few hours to a week and may be interrupted by outbursts of extremely intense distress and/or anger, 2) a phase of yearning and searching for the lost figure lasting some months and sometimes years, 3) a phase of disorganization and despair, and 4) a phase of greater or less degree of reorganization. Bowlby found that the emotions that develop during the phases of mourning were disorganization and despair, anger, anxiety, and mixtures of dysphoric affect. This constitutes the natural grieving process, or healthy mourning, which is generally agreed upon.

This process of mourning can be understood as the process of mastering the loss. The individual makes a successful effort to accept both that a change has occurred in the external world and that this also requires corresponding changes in the internal, representational world. A reorganization, reorientation, and restructuring also becomes essential.

It is important to note that, suffused though it may be by the strongest emotion, redefinition of self and situation is not mere release of affect but a cognitive act on which all else turns. It is a process of realization (Parkes 1972), of reshaping internal representational models so as to align them with the

changes that have occurred in the bereaved's life situation (Bowlby, 1980, p. 94).

Stress situations involve losses, even if only the (temporary) loss of the illusion of invulnerability that is involved in every misfortune (Krystal, 1988). In a stress situation as violent and unwanted as rape, the loss issues are enormous.

A number of writers have noted the similarity between the phases of mourning and the phases that are observed in post trauma stress (Caplan, 1981; Horowitz, 1976; Krystal, 1988). A model that corresponds quite closely to the phases articulated for a diagnosis of PTSD, is the Horowitz model (1976) of the intrapsychic mastery of stressful events. In this model, the event results first in a state of shock and then in an outcry, and then acute affective response such as weeping, moaning, screaming and fainting occur. This may be followed by a more tranquil state which is afforded by denial. This phase then is interrupted by intrusive images and flashbacks as affect is activated again. There is then another phase of denial followed by the reactivation of affect and images. The responses suggest a "working through" process that is similar to grief.

Lindemann (1944) reported that mourning comes in "waves", that in the process of mourning there were "waves lasting from twenty minutes to an hour of physical distress, along with "preoccupation with the image of the deceased" (p. 142). Horowitz (1976), also, describes the intrusive

thoughts and images about the disconcerting situation as not merely a restatement of the unhappy facts, but rather involving a working through of related themes having to do with the cognitive mastery of the acceptance of the reality of the stress.

This leads to the question of whether or not the symptoms of post traumatic stress are adaptive or maladaptive. Freud made a distinction between mourning and melancholia. That distinction was between healthy and pathological mourning, a distinction that has been of interest in this study. He set forth the idea that pathological mourning lead to psychiatric illness such as anxiety states, depressive illness and hysteria. Healthy mourning on the other hand involved a normal grieving process that run its course and resulted in resolution. Healthy and unhealthy mourning share many of the same characteristics; but in pathological variants of mourning, it can be seen and understood that defensive processes interfere and divert its normal course (Bowlby, 1980, p. 31).

The writers that address this issue most directly are Freud (1920), Kardiner (1947), Lifton (1988). Freud saw trauma as overwhelming the ego. The individual's usual adaptive capabilities were thus overwhelmed leading to the early, primitive defense of repetition compulsion. Kardiner and Spiegel defined trauma as an adaptive failure, also, and

postulated a breakdown in the adaptive function in primary amnesia for the traumatic material and recurrent nightmares as symptoms of that breakdown not the cause (Brett & Ostroff, 1985).

Lifton's theory rests on the concept of a failure of enactment which relates directly to the mourning process which is of interest here.

Affecting the outcome and the degree of anxiety experienced is the extent of a sense of grief and loss. In severe traumatic experience, grief and loss tend to be too overwhelming in their suddenness and relationship to unacceptable material. Many symptoms in the traumatic syndrome have to do with impaired mourning, or what Mitscherlich had called 'the inability to mourn.' What is involved in our terms is the inability to reconstruct shattered personal forms in ways that reassert vitality and integrity (Lifton, 1988, p. 19).

He continues that one can define the traumatic syndrome as the state of "being haunted by images" that can neither be enacted nor cast aside. This position corresponds to this writers view that the ability to mourn successfully leads to a resolution of the traumatic state. A hypothesis of this research has been that imagery is an important element in this process.

It was this writer's thesis that through the healthy mourning of the multiple and deep losses experienced by survivors of trauma, in this case rape victims, symptoms relief occurs. Mourning has been viewed as a natural response to trauma. The research looked at that process and the function imagery played in it. Another question was

whether certain symptoms are more related to the inability to mourn while others will work towards resolution of loss through the mourning process. The question of whether or not these symptoms were adaptive or maladaptive was also addressed.

In conclusion it was noted by the researcher that many authors emphasized their observation that without treatment, the pathological response to trauma can become increasingly debilitating. This was also an important question in the study.

CHAPTER III

METHODOLOGY

Introduction

This chapter covers the methodology utilized in this qualitative study. It will include: an overview of the methodological framework, definitions, the research design, sample, data collection, analytic strategies and analytic procedures.

Overview

Heuristic Paradigm

The study explored rape survivor's experiences using the heuristic philosophy of scientific investigation as the broadest methodological framework. "The heuristic paradigm conceptualizes science broadly as a systematic inquiry into some aspect of reality that is communicated in a way that allows an interested person to make an informed evaluation of the process of inquiry and its conclusions" (Heineman Pieper in Tyson, 1992, p. 1). This paradigm allowed the researcher to consider a topic of interest and allowed for the creation of a heuristic to examine it. A heuristic per se is a problem solving strategy which organizes experience, and . . . guides research (Heineman Peiper, 1981, 1985, 1989; Simon, 1966a, 1966b; Wimsatt, 1986 in Tyson, 1992).

The study explored the meaning and experience of rape as described by the participants and the role and function of imagery in that process. The heuristic of this research was based in the following.

Qualitative Design

A qualitative descriptive research design was used because it was particularly well suited to this work, since the focus of attention was on the perceptions and experiences of the participants (Locke, Spirduso, & Silverman, 1987). While the research looked at causal relationships as described by the participants, for example, the emotional and environmental cues that triggered flashbacks, the researcher did not manipulate the research by using experimental variables. Instead, the research was interpretive, as the researcher looked at the material from the subjects point of view using a psychodynamic and existential framework.

Hermeneutic Approach

A hermeneutic theoretical approach informed the study and the researcher's interpretations. Hermeneutic researchers use qualitative methods to establish context and meaning for what people do (Patton, 1999, p. 85).

Hermeneutics

is the study of interpretive understanding, or meaning with special attention to context and origin of purpose . . . To make sense of and interpret a text, it is important to know what the author wanted to communicate, to understand intended meanings, and to place documents in a

historical and cultural context (Palmer, 1969 in Patton, 1990, p. 84).

This approach requires the researcher to open one's self to the text and to the experiences of the authors. To do so helps the researcher establish the context and meaning for what people do. The interpreter establishes a basis, a "standpoint" (p. 85) from which the interpretation develops. In this study the texts, that were studied and interpreted, were the interviews of the participants. The "standpoint" was both psychodynamic and existential.

Phenomenology

The research was also phenomenological. Patton (1990) helps clarify the meaning of a phenomenological interview and a phenomenologist. He states

phenomenological inquiry focuses on the question: "What is the structure and essence of experience of the phenomenon for these people?" The phenomenon being experienced may be an emotion--loneliness, jealousy or anger . . . a relationship, a marriage, . . . a job, a program, organization or a culture. The phenomenologist focuses on how we put together the phenomena we experience in such a way as to make sense of the world and, in so doing, develop a world view (p. 69).

The material that the survivors shared was a reflection of their assumptions about self and world and the way in which the traumatic experience of rape altered them. Their experience and its effect constituted the data base of an inductive rather than a deductive analysis (Locke, Spirduso, & Silverman, 1987, p. 84).

Feminist Perspective

The research also has had a feminist perspective and addressed an issue that seriously impacts woman's lives. The term feminist perspective in this study stems from the social movement, feminism, which heightened awareness of social injustice to women and challenged the sexist foundations of professional education and practice (Turner, 1986). It is hoped that this work may advance knowledge about women's experiences, deepen understanding of the affects of this trauma, and help others who have had similar experiences. While the focus of the research has been women, men may profit too.

Feminists have criticized research in the social sciences particularly as it relates to the content, method, and the purpose of studies done on women. Westkott (1979) points out that many of the studies have not taken into account the fact that women have grown up in a patriarchal society.

Most feminist criticism of the social science methods is derived from content. According to this criticism, the patriarchal bias is reflected in the ways in which questions about women are posed: the absence of concepts that tap women's experience, the viewing of women as an unchanging essence independent of time and place, and the narrowness of the concept of the human being reflected in limited ways of understanding human behavior (p. 425).

She, also, makes an important distinction between treating women as objects of knowledge as opposed to subjects of knowledge. "It is only where women are also brought in as subjects of knowledge that the separation between subject

and object breaks down This emphasis that subject and object are humanly linked converges with the interpretive tradition in the social sciences" (p. 425). This research has not just focused on women's behavior, but on their self interpreted meaning of the rape experience. The intention has been to give the women in the study an opportunity to express themselves openly and freely.

Biases

It is important to acknowledge that like all research this research has not been value free. The researcher brought to the study her personal biases about human nature, development, women, imagery, rape, theory, and about the research itself. Richardson (1984) speaks to the interpenetration of science and values,

Critics who have seen clearly the influence of values on science have frequently taken the point that there are such influences to be a decisive point against a research program. This is an error. Just as the best experimentation and observation are theory-laden, so also, the best theories are value-laden. The influence of values on scientific research does nothing to discredit it, any more than does the influence of social forces on the direction of research and the spread of research programs (p. 417).

Theoretical Framework

This study has proceeded from a psychodynamic theoretical point of view. As noted, this point of view was chosen because of its applicability to the material being explored. This tradition suggested five basic theoretical approaches to the inquiry at hand.

- 1) The first approach was hermeneutic and emphasizes the conscious and unconscious meaning of the trauma.
- 2) The second approach was developmental, which stresses the impact of the trauma on psychological structure, objects relations and defensive style.
- 3) Third was the genetic-dynamic factor, which relates to the effects of past experience on the survivors response to impact and the process of restitution (Ullman & Brothers, 1988).
- 4) The fourth was the adaptation factor, which looks at the nature of the relationships of the traumatized individual to her environment, including its human and non human aspects and the ways in which the survivor gets through and responds to the event.
- 5) The fifth area explored were curative factors, or the ways in which healing took place.

Ullman and Brothers (1988) state that the psychoanalytic method enables us to interpret or make "empathic inferences" (Atwood & Stolorow, 1984, p. 5) about the unconscious traumatic meaning of real occurrences by carefully analyzing the psychological record of these experiences as symbolically encoded in dreams, nightmares, and other symptoms. Imagery and its function and meaning were central to the research.

The study has worked to integrate the survivors

interpretation of their experience, the researcher's interpretation of the text, and the theoretical assumptions brought to the research. This is the interplay between what is observed, the participant's point of view, and the theory of the researcher from which new understanding may emerge.

Analytic Framework

An interpretive phenomenological method was used to analyze the data. The goal, in this method, is to discover meaning and achieve understanding of the material under study. To achieve that end the data analysis in this method is carried out in three interrelated processes: thematic analysis, analysis of exemplars, and the search for paradigm cases. The process involves examining the content of the participant's interviews for general categories, themes, patterns of meaning and situational context.

The philosophical ideas of Martin Heidegger contributed significantly to this approach (Benner, 1994; Benner & Taylor, 1991) and are summarized in the following.

In Being and Time, Heidegger(1927) explored the fundamental question of the meaning of being. "Human beings, it will turn out, are special kinds of beings in that their way of being embodies an understanding of what it means to be . . . Heidegger called this self interpreting way of being existence (Dreyfus, 1991, pp. 14-15). In this view, human beings are defined by their self understanding and the stand they take on themselves.

This understanding is lodged in language, culture, conventions, social practices, and historical understandings, all of which allow beings to have encounters and experience meaningful relationships with the world. Heidegger wrote "we are not objective, theoretical spectators of our lives and the world, but rather involved participants. Things show up as mattering to us" (Benner, 1994, p. ix).

Heidegger dealt extensively with the situatedness of human beings in the world. In his view, world is constituted by shared background practices and familiarity. This shared background familiarity makes it possible for us to have shared and individual interpretations of the world which Heidegger called common meanings.

Salient Concepts

Heideggerian phenomenology is grounded in the following concepts that are most relevant to the study. 'Dasein' is the German word which in its simplest definition means human being.

1) World is the meaningful set of relationships, practices, and language that we have by virtue of being born into a culture. The first essential facet of a person centers on the relationship of the person to the world. World is both constituted by and constitutive of the self.

2) Existing in everyday practices is "being-in-the-world".

3) Humans are self interpreting beings.

4) A person is a being for whom things have significance and value.

5) Dreyfus (1987) points out that it is a basic characteristic of Dasein (Being) that things show up as mattering--as threatening, or attractive, or stubborn, or useful . . . and this mattering is the background for more reflective desiring or evaluating (Benner, 1994, p. 49).

6) Understanding is embedded in shared background practices, in language, in skills, and in our intersubjective concerns and common meanings in a culture that is always before us.

7) To understand a person's behavior or expressions one has to study the person in context, because it is only in a context that what a person values and finds significant shows up.

8) Human practices all have intricate contexts of meaning which are usually implicit. Understanding of our being is never fully understood, "we dwell in our understanding like fish in water" (Dreyfus, p. 35).

9) Practices do become explicit when something goes wrong. In breakdown or disturbance ongoing ways of coping run into trouble and at this time the phenomena that was concealed or undiscovered is forced upon awareness. Breakdown can lead the person experiencing it to notice the functional aspects of "a piece of equipment". In this study

that "equipment" is the participant's psyche during the traumatic experience.

10) Fear and anxiety in this view create a sense of "unsettledness" from which beings tends to flee, doing so by way of covering and concealing.

11) The interpretive phenomenological view of the body sees the person as not having a body but being embodied. Merleau-Ponty (1962) extended Heidegger's thinking with a discussion about the body as sentient and responding to meaningful situations. The body, for example, responds to the world with certain postures, gestures, habits, reactions which are biologically and psychologically generated, most often out of conscious awareness. The body is understood as irrevocably connected to the world. Baron (1985) points out that health is a state of "unselfconscious being that illness shatters" (Leonard, p. 53 in Benner, 1994). Leonard continues "it is in this 'breakdown' that we develop insight into taken-for-granted understanding of health: the unity of body and self" (p. 53).

12) The Heideggerian view of a person in time is not linear, as in a succession of nows, but rather viewed as an accrual of events. Time is not a constituent of events but constitutive of being (Benner, 1994).

This completes a review of the theoretical and analytic framework and the overview of the methodology.

Research Questions and Hypothesis

This study raised the following research questions from which five orienting hypotheses were derived. The study went beyond the scope of these questions.

First, what kind of experiences with imagery do survivors of rape have?

Second, what is the function and meaning of imagery for the survivors of rape.

Third, how does imagery impact object relations?

Fourth, how does imagery elaborate intrapsychic conflicts?

Fifth, how does imagery affect the mourning process?

Sixth, how does that imagery shift/change from the pre-trauma state to the time of the interview, and in what ways and along what dimensions? An assumption of the study was that there is a process set in motion as a result of a traumatic event. It was assumed that trauma disrupts object relations and also creates a profound sense of loss which leads to symptoms and a need for mourning. Mourning is a process where by the individual grieves the multiple losses created by the trauma. It was assumed that there are "healthy" and "pathological" forms of mourning. When mourning is "healthy" symptoms are reduced or may disappear completely. When there is an inability to mourn or "pathological" mourning, it is assumed symptoms are retained.

Seventh, are there "healthy" and "pathological" forms of mourning post trauma?

Eighth, is the shift in imagery different for those who are able to mourn from those who appear unable to?

Ninth, does the grieving process help the reduction of symptoms?

These questions lead to the following six guiding hypotheses of the research. They are:

- 1) the rape trauma disrupts the survivor's object relations in significant ways and the meaning of that disruption can be understood by looking at the survivor's imagistic experience, because object relations are seen as unconscious mental images which have an affective component and constitute the basic psychological self.
- 2) the symptoms of the rape trauma elaborate conflicts, and these conflicts can be understood by exploring the survivor's imagery related to their symptomatology.
- 3) survivors of trauma experience loss and mourn their losses partly through imagery.
- 4) survivors experience a range of imagery, and the content of that imagery will shift/change during the post traumatic mourning process.
- 5) some symptoms of post traumatic stress serve adaptively to allow the psyche to re-organize its

object relations, resolve conflict and aid in the mourning process, while others serve defensively and maintain the traumatic state because they inhibit the mourning process.

6) personality structure and the way in which the individual views self and the world will influence the severity and course of post trauma stress reactions and its resolution as described by the participants.

These hypotheses served an orienting function in the study. They were not tested statistically for cause and effect relationships and association.

Definition of Terms

The following includes the definition of basic important concepts in the study.

Imagery is any thought representation that has a sensory quality. Images may involve the sense of seeing, hearing, smell, taste, touch and movement. Images are memory fragments, reconstructions, reinterpretations and symbols that stand for objects, feelings or ideas.

Trauma is a sudden, discrete event that disrupts the victim's psychic and behavioral state in significant ways.

Rape is sexual contact without consent. In this study that contact is penetration of the vagina or anus, however slight, by penis, hand or other object.

Mourning is a reaction to the loss of a love object (i.e., person, object, role, status, or anything considered

part of one life) consisting of a process of emotional detachment from the object which frees the subject to find other interests and enjoyment (American Psychiatric Glossary, 1994). It is characterized by disorganization of thought and behavior, evidence of despair, anger, anxiety and a mixture of dysphoric affect.

Symptoms are subjectively distressing thoughts, feelings, or behaviors.

Research Design

This exploratory descriptive study utilized a qualitative research design to investigate the role, function, and meaning of imagery with women who had been raped.

The study utilized an interventionist not a naturalistic design. The data were gathered through an in-depth in-person phenomenological interview. The objective was for the participant to reconstruct her subjective experiences related to imagery and the rape experience. Heineman Pieper (1991) differentiates between a naturalistic and a interventionist design. "The interventionist researcher intentionally alters clinical practice for research purposes, in contrast, the naturalistic researcher is a practitioner who aims to minimize research intrusiveness into practice" (in Tyson, 1995, p. 14). While this research procedure was aimed at being as non-intrusive and as therapeutic as possible, the interview was clearly

done for the purpose of collecting data for the researcher. The participants in the study were in counseling/therapy, and the interview with the researcher may well have had an effect on that process. After the interview, the researcher elicited a response from the participants about their experience so that could be discussed and as a closure process.

A crucial issue considered in designing the research was the reality that the research process always sets up a relationship between the participants in the research and the researcher (Tyson, 1992, p. 242). It was the aim of the researcher to create an experience-near and safe interview environment for the women to share their story.

The researcher both gathered the data in the role of interviewer and interpreted the findings. Cohler (1988) points out that when meaningful expression is admitted as part of the research there are methodological consequences of the participatory role of the interpreter. This threatens context-independence and value neutrality but he concludes

Acceptance of this interpretive perspective means not only that portrayal of experience is socially constructed within the framework of intersubjectivity but that it cannot be understood in any other manner (p. 553).

This writer agrees with his premise. Since research cannot be bias free, the researcher has tried to regulate it through recognition of this factor in the research.

Sample

Setting

The study was conducted in the large metropolitan area of Chicago, Illinois, which has a diverse population of approximately 7,000,000. Only two of the participants lived in the city of Chicago proper. Eight came from three surrounding counties, and five came from a city in Michigan with a population of 600,000. These environments were characteristically suburban and predominantly Caucasian.

Nature of the Sample

The study used a criterion sample. Participants who fit the research criteria were sought directly. Criterion sampling uses cases that meet a predetermined criterion of importance. The criteria included being female, having a rape experience, and being in or having had counseling or therapy. It was a homogeneous, purposeful or purposive sample. "The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance for the purpose of the research, thus the term purposeful sampling" (Patton, 1990, p. 169). Those rape survivors who fit the criteria and who agreed to participate in the research were accepted for the sample.

An environment-system boundary was drawn by accepting only survivors who were in therapy/counseling. Several

women were accepted who were not currently in therapy but had been and felt they could easily contact their therapist or group if they felt the need to do so. Choosing participants who were in therapy or had been recently was done to protect the participants. The therapist/counselor was viewed as a "safety net" for the participant should the interview create stress or stimulate difficult reactions about their experience.

During the interviews, every effort was made to protect the participants, and they were encouraged to let the interviewer know if at any time they did not want to continue. The interviewer, an experienced clinical social work practitioner, was cognizant of reactions that might arise and be overwhelming to the participants and tried to remain acutely aware of this kind of occurrence. None of the participants had to terminate the interview. Excluding survivors who were not in therapy or counseling did restrict the sample and limited the findings.

Since the purpose of the study was to understand the survivors experience at any time in the post trauma process, all women who agreed to undertake the research, despite the time that had elapsed since the rape or the amount of time spent in therapy, were included in the sample. Those who had been diagnosed with PTSD and those who had not were included. Rape survivors who wished to participate and met the age and counseling/therapy requirement were accepted.

Characteristics of Sample

Women who had been raped were sampled in the study. The participants were rape survivors who had been forced to have sexual experiences of penetration without consent. They were accepted on this criteria regardless of the circumstances or the knowledge of or acquaintance with their assailant. Situations of marital rape were excluded based on the probability of cumulative trauma, a factor that would be seen as complicating the interpretation of the findings.

Sample Size

Thirteen women participated in the research. Patton (1990) points out, "There are no rules for sample size in qualitative inquiry" (p. 184) and he suggests that what you want to know, as well as purpose, credibility, and usefulness are important factors to consider. McCracken (1988) points out the difference between quantitative and qualitative approaches as they relate to number and kind of respondents.

The purpose of the qualitative interview is . . . to gain access to the cultural categories and assumptions according to which one culture construes the world. How many and what kinds of people hold these categories and assumption is not, in fact, the compelling issue . . . In other words, qualitative research does not survey the terrain, it mines it. It is, in other words, much more intensive than extensive in its objectives" (p. 17).

With a sample of thirteen, the data reached a level of redundancy and met the needs of this study. "The validity, meaningfulness, and insights generated from qualitative

inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than on sample size" (Patton, 1990, p. 184). Unfortunately, the researcher was not able to obtain a sample that was diverse on the basis of race or socio-economics. Age and the experience was the basis for participation.

Women ages 21 through 60 years of ages were eligible for the study. Children, adolescents, and the elderly were ruled out as developmental issues add a complexity seen as complicating the interpretations of the findings. The women who participated in the study ranged in age from 23 to 44, with a mean age of 32.64.

Sample Recruitment

Prior to starting the research, concerns regarding sample recruitment were addressed. The following reflects the considerations that went into the actual procuring of participants. Issues of hesitancy, confidentiality, and legality were addressed. Because rape is a very sensitive and painful experience for women, there were concerns about getting a sample. Talking with therapists and agencies who dealt with trauma helped in the assessment.

Some therapists had understandable concerns about introducing the research to their clients. These concerns included potential disruption of the therapeutic process and relationship, the vulnerability of clients, and the

possibility that clients might participate to please the therapist thus affecting the fully voluntary nature of their participation. Others felt it might be beneficial to their clients as many survivors welcome a chance to tell their story and want the opportunity to help other survivors.

In determining the feasibility of the study the researcher conferred with the following resources: therapists who were treating women who had been raped were contacted to determine comfort level with the interview format for both therapists and clients; state and city organizations mandated to serve rape victims were contacted including the Illinois Coalition Against Sexual Assault and many of their programs throughout the city and state; Rape Victim Advocates; DuPage Women Against Rape; women's centers and mental health services at colleges.

Clinical and legal issues related to confidentiality and privilege were addressed with the help of agencies mandated to deal with rape crisis and through a consultation with an attorney. Attorney, Sandra Nye, noted that statute 8-802.1, Confidentiality of Statements Made by Rape Crisis Personnel, was intended to protect victims of rape from public disclosure of statements they make in confidence to counselors of organizations established to help them. This statute was construed narrowly and researchers are not covered, and as a result the researcher could be ordered to disclose the content of taped material and notes. Thus, the

innvolvement of the researcher had the potential to jeopardize the privileged status of the agencies mandated to work with rape victims. This left a important resource unavailable to the researcher.

Confidentiality and the safety of the participants was a priority of the researcher. Another concern, besides loss of privacy, was that material shared might be used as evidence against the survivor in court. This helped the researcher realize that women who were involved in court cases would need to be excluded.

From this investigation, the conclusion was made that the sample would need to be drawn from a number of resources including therapists, through advertisements, by posting notices in hospitals and agencies that worked with trauma, and through phone calls and networking with potential sources.

Gathering the Sample

The researcher followed through in the following ways to obtain the sample: contacted and sent materials about the research to private therapists; contacted and sent letters to agencies working privately with sexual abuse and to college student mental health programs; placed advertisements in the Illinois Society for Clinical Social Work's Newsletter and the Women's section of the Tribune; visited and talked to rape crisis center personnel. One was able to place a notice in their newsletter about the

research. Notices were also placed on bulletin boards in hospitals and mental health agencies. The sample was obtained in the following ways: eight from private therapists; three from a notice in a newsletter, and one through colleagues who referred an acquaintances who expressed interest in participating. One woman asked to participate when she heard about the research. More materials were sent out than responses received. Obtaining the sample involved considerable networking.

Data Collection

Prior to the data collection, the proposed study was presented to the Institutional Review Board for the Protection of Human Subjects on September 8, 1993 and was approved.

Sample Instrument

A semi-structured interview was the instrument used to collect the data. Using a semi-structured format, helped set up a line of inquiry that guided the questioning and also allowed for the flexibility needed due to the varied and personal nature of the responses. Five direct demographic questions were closed. The rest were open ended and directly related to the research problem and questions.

The interview was created by the researcher and had not, therefore, been tested previously for validity. The interview covered the following general areas (see Appendix): introduction to the interview; demographics;

family of origin; the rape experience; imagery including general experiences with imagery and images of self, body, others and world; loss and mourning; what brought participant to therapy; ways of coping and recovering; and advice to clinicians.

The purpose of the interviews was to explore the meaning and experience of surviving rape as described by the participants and their self interpretation of how imagery functioned during the process.

Pilot Study

A pilot study was done to assure that the instrument was effective in eliciting relevant data. The first interview was answered in written form. This was the first test of the instrument's effectiveness. Several revisions were made at that time including adding questions related to family of origin and reworking the questions related to imagery to make them more understandable to the participants.

The first two in person interviews were considered pilots but the interview format worked well and no further changes were made. The researcher was able to process, with a clinician, her responses and feelings after the first two verbal interviews which was helpful. What did change was the interviewers comfort level with the interview and the data gathering process. As comfort and experience increased, the material the participants shared seemed to

increase. This may have been related to the participants individual experiences, and differences in style, openness and expressiveness, but the researcher was also effected due to practice and increased awareness.

The interviewer came to the realization that the participants wanted to take time, often more than an hour and a half, to tell their story. They also had read the interview and thought about their answers. Thus, as the interviewing process went on, the interviews became, longer and less structured with answers to the questions emerging more spontaneously.

Procedures

Confidentiality for Participants

The researcher provided safeguards for maintaining anonymity and confidentiality for the participants. Confidentiality was protected by assigning a number to each participant and using that number in all aspects of the research process. All materials were number coded. Pseudonyms were used in the descriptive material where individuals were quoted.

Gathering the Data

Data was gathered during one, one to two hour interview in a dyadic relationship with the researcher. An audio tape recorder was used. While "Heineman Pieper points out that once a practitioner introduces a tape recorder into a therapy session, what that client would have done in the

absence of the tape recorder will never be known"

(Tyson, 1992, p. 231). For this researcher, this element was out weighed by the fact that what the participant said would be accurately recorded. It also allowed the researcher to be more present, empathic and available to the participant. Both the interviewee and the researcher quickly forgot about the taping. The material brought to the interviews was extremely private and sensitive and taping allowed the interviewer to be more present and connected to the interviewee. Establishing rapport and communicating a sense of unconditional personal regard was the most important factor in this researcher/participant relationship.

A folder of material was sent to the therapist or directly to participant, depending on the point of contact, prior to the women's decision to participate in the study. Materials were generated to educate potential participants and therapists about the study and served to allow each time to determine their comfort in either sharing the research project with clients or making a decision to participate. The packet of materials (see Appendix) included a letter to therapist describing the study and the procedures, a similar letter to potential participants, a copy of the semi-structured interview, two consent forms for the potential participants, and a stamped addressed envelope in which the release was to be returned to the researcher.

When participants were therapist referred, the

therapist generally contacted the researcher about the desire of their client to participate and shared their telephone number or the client called directly to discuss the research and to set up an appointment for an interview. When participant and the researcher made contact, this ended the researcher's relationship with the therapist.

It was agreed by the therapist, researcher and participant that the therapist, by mutual agreement of the participant and the researcher, would be informed if at any time the researcher felt that the interview was not in the participant's best interest or the participant wished to stop the process. Post interview, if the therapist wished to discuss the content of the research interview with the researcher for therapeutic purposes, the client needed to agree in writing to this sharing of information. The interviewer offered to meet with the potential participants prior to the interview but none desired to do so. When contact was made directly from participant to researcher the same procedure was followed. This same process was used in all contacts with potential participants.

The Interview

When the appointment was being set with the participants, the researcher offered to meet in her office or to meet in a place of the participants choosing. Therapists who had clients who were participating offered their offices to the researcher and client. Seven of the

women were interviewed in their therapist's office at a time when the therapist was not present. Three were interviewed in the researchers office and two in the participants home. One participant as mentioned submitted her interview in written form. Two of the participants lived in the city where the researcher's office was located. The other participants lived from one to four hours away from downtown Chicago. The researcher tried to accommodate the participants by way of respect and in response to their preference of setting. The interviews lasted over one hour in all cases and in some cases two hours. The interview tapes were then taken directly to the transcriber.

Strategies for Data Analysis

The Method

Interpretative phenomenology was selected as the method of data analysis because it related closely to the questions set forth in the study and responded to the writers emphasis on understanding the participant's sense of meaning about their experience. It is a method that is grounded in Heideggerian philosophy. Heidegger set the question, the meaning of Being, anew because he felt that philosophers from ancient Greeks to Descartes and Kant and the 20th century philosophers such as Husserl, trivialized the question of Being by removing Being from its temporal and historical context and its situatedness in social practices and culture. Heidegger saw human beings as understanding

what it is to be and as self interpreting beings, not independent, objective entities with absolute properties as did his predecessors (Benner, 1994).

Hermeneutic Tradition

Interpretative phenomenology stands in the hermeneutic tradition which began with the study of biblical texts and expanded to historical texts and literary criticism. Existentialists, such as, Kierkegaard (1843/1985), Heidegger(1975), Merleau-Ponty (1962), Wittgenstein(1980), Dreyfus (1979, 1991), Taylor (1964, 1985, 1989, 1991) and others worked within this tradition. "In hermeneutics, the role of theory is to show up meanings that arise out of lived experience, to create new possibilities for understanding, and, as van Manen (1990) suggests to have a more tactful and thoughtful practical engagement with the phenomenon under study" (Benner, 1991, p. 58). Heideggerian phenomenology is a method that provided a theoretical basis for conducting research that does not reduce issues of human beings to mere characteristics, absolute properties or brute data (Benner, 1994; Tayler, 1987). Hermeneutic and interpretive will used interchangeably in this work.

The uniqueness and power of interpretive phenomenology is that it seeks to uncover and disclose the meaning of lived experience which might otherwise be overlooked (Benner, 1991). For this reason Interpretive Phenomenology was a powerful methodology to illuminate the stories shared

by the participants in the study.

The method involves a rigorous scholarly reading of text--questioning, comparing, and imaginative dwelling in the participants' situations. The goal of study was to understand in the participant's own terms the impact of rape and the ways it effected their being-in-the-world. The interpreter moved back and forth between the foreground and background, between situations, and between the practical lived rape experience of the participants. The interpretative assumption is that what constitutes that background can never be spelled out completely and that human worlds, being historical, contextual, and multifaceted, are only grasped under finite, situated aspects (Benner & Wrubel, 1989; Dreyfus, 1991a).

The goal of this methodology is to uncover commonalities and differences through dwelling with the data. The text, the narrative accounts of the participants, constituted the data for analysis. As Benner describes "the interpreter seeks to hear and understand the voice of the participants." (Benner, 1994, pp. 99).

The three narrative strategies, explicated by Benner (1991), which helped the researcher enter, dwell-with, understand, and interpret the experience of the participants were: thematic analysis, exemplars, and paradigm cases.

In the thematic analysis the participant's interviews are read several times in order to arrive at a global

analysis. This process culminates in the identification of general categories that form the basis of the study.

The second aspect of the interpretive process involves the analysis of specific episodes or incidents described by the participants. From this analysis come exemplars which are "a strong instance of a particularly meaningful transaction, intention, or capacity" (Benner, 1985, p. 10).

The third aspect of the analysis involves the identification of paradigm cases which are strong instances of particular patterns of meaning. They are not reducible to formal theory---to abstract variables used to predict and control. Rather, what are recognized are "family resemblances" between a paradigm case and a particular clinical situation that one is trying to understand and explain (Chesla, 1988, p.53). Paradigm cases embody the rich descriptive information necessary for understanding how an individual's actions and understandings emerge from situational context: concerns, practices, and background meaning.

"All three interpretive strategies...work both as discovery and presentation strategies. They all allow for the presentation of context and meanings. In interpretive research, unlike grounded theory, the goal is not to extract theoretical terms or concepts at a higher level of abstraction. The goal is to discover meaning and to achieve understanding" (Benner, 1985, p.10).

Reliability and Validity

Interpretive phenomenology establishes reliability by having an expert read cases, review analytic structure, raw data, codes and linkages to determine if the researchers description is plausible.

Internal validity, in this non-linear method is established by the following criteria: 1) coherence, 2) comprehensiveness, 3) penetration, 4) thoroughness, 5) appropriateness, 6) contextuality, 7) agreement, 8) suggestiveness, 9) potential (Madison, 1988).

Limitations of the methodology include the inherent bias that the researcher brings to the interpretations of the data. Interpretive phenomenology tries to remain close to the text for this reason (Benner,1991), and consensual validation is a most important corrective.

Interpretative Phenomenology views the measure of truth not by the criteria of correctness but by unconcealment or disclosure, that is to uncover meanings and understanding that have consequences for one's life.

Analytic Procedures

The researcher at first dwelled with the transcribed material reading the interviews a number of times and keeping a log on ideas and preliminary themes that emerged from the interviews. A detailed summary of the transcription, according to the coding categories of the interview, was created for each participant (see Appendix).

As the researcher created these coded summaries, important areas of content were identified that had not been part of the semi-structured interview. These were then identified to establish frequency and similarities and differences.

Preliminary graphs were then created on the demographic material and the responses to the family of origin questions which were designed to get at the object relations piece of the research. This helped the researcher think in a more general way about sample characteristics, experiences and concerns.

At this point a first line outline was created which included a summary of themes, a central image for each participant, the issues of memory and ways to address it, the "symptom complex" which included behavior, and affective and defensive responses. The experience of retraumatization, the issue of repetition, cultural factors, coping, why participants came and what helped were included at that point.

The researcher continued to study the transcripts and began to utilize the strategies of interpretive phenomenology at this point. The material was again read several times with notes taken on each participant regarding new insights, new ways of looking at the material, areas of content that fit with authors read, themes, and commonalities and differences. At this point the process piece began to develop as well as the themes and meanings.

This was further developed to a higher level of abstraction by comparing a number of paradigm cases and looking at numerous exemplars. Part of the challenge was to pull out and sort the numerous facets of the interviews so as to create a meaningful whole that best represented the participants and the researchers understanding of the material shared.

The numerous readings of the material led to exhaustion and redundancy in theme and content areas for this study. All content noted by researcher was not able to be incorporated.

Four salient content areas were established and four different data processes used to analyze them. The content areas included imagery, the impact of the trauma on self representation, background ways of being, and a six phase response process "surviving rape".

These processes correlate with Rothstein(1986) formulation that "trauma may be defined psychodynamically as hermeneutic, developemental or adaptational". The genetic-dynamic factor and the process of restitution are also represented (Ullmand & Brothers, 1988, p.3-5). These five factors are addressed in the content areas noted above.

The first content area, imagery, 1)clarified definitions, 2)documented the range and types of imagery utilized by the participants, and 3) described the function and meaning of imagery based on the data. This was from a

psychodynamic theoretical point of view and addressed the hermeneutic piece and emphasized the conscious and unconscious meaning of the event.

The second analysis identified the impact of the trauma on self representation from an object relations point of view. Exemplars related to these areas of self representation were the basis of the analysis. The self representations explored included: self image, body image, self image in relationship to others, self image in relationship to the world, and changes in self image. This relates to the developmental factor which stresses the impact of the trauma on psychological structure, object relations, and defensive style (Ullman and Brothers, 1988).

The third content area, background ways of being, was developed using the strategy of thematic and paradigm case analysis. This analysis arrived at four salient themes the women brought to the rape experience. These backgrounds ways of being describe predispositions that develop from growing up in a particular family dynamic or culture. These predispositions effected the ways in which survivors responded to and understand the experience. This is the genetic-dynamic factor.

The fourth analysis established the six phase response process "Surviving Rape" . Thematic analysis and exemplars were used in this analytic process. This analytic process identified six phases the participants experienced from the

rape through healing. The process gets at the adaptational factor which looks at the nature of the relationship of the traumatized individual to her environment...and ways in which the survivor gets through and responds to the event. This process also addressed restitution or the curative factor. (Ullman and Brothers, 1988).

Coding Processes

Once these four content areas were established coding categories were created. Codes were specifically developed for the six phase social process. However, in the impact on the self content area, the categories were not coded in the same way as they related directly to questions in the interview, namely family of origin questions and questions about self imagery in a number of areas. Since the content area, imagery, established definition, documented type and range of imagery, and noted exemplars of its function and meaning, it did not require categorical coding either. The same was true for the background ways of being category which established psychological context for the surviving rape process. These categories were defined and examples presented (See Appendix).

A coding manual was created for the six phases of the "surviving rape" process. Each phase was individually defined, referenced, and exemplified with quotes from the text. Each phase was given a letter code and a color code.

The interviews were then coded by the researcher.

Themes, exemplars, self interpreted meanings and any other important and repetitive elements were also noted.

Reliability and Validity

The researcher worked with a colleague to establish the reliability of the coding categories. First the coder was given the coding manual and three unmarked interviews to be coded. After the coder completed the coding, the researcher and coder came together to calculate the percentage of agreements over the number of disagreements. This resulted in a 95% agreement and established reliability of the categories.

The coder was then given clean copies of the remaining ten interviews which had been prepared by the researcher who bracketed areas in the interview to be coded. The researcher and coder worked together and consensual validation was established.

The coder also reviewed the definitions of the other content areas and noted the themes for the 'background ways of being' and exemplars for 'impact on the self' as the interviews were being read and coded. This part of the analysis was to establish definitions and identify psychological context for the "surviving rape" process.

The researcher also went through all of the transcriptions again and created a summary of all relevant participant responses (exemplars and self interpreted meaning) in each category. Thus, a list was developed in

which each participants response to each of the categories was created giving the researcher a method for studying all the responses in a given category . This involved careful documentation and page numbering (from the transcripts) of each participant's recorded response so that the quotations used from the transcript could be readily accessed for verification and for the use of the researcher while presenting the findings and interpreting the data. A similar process was used with the content areas impact on the self and imagery. A list of emerging themes was also created. This represents the analytic process used by the researcher to prepare the data for presentation.

This concludes Chapter III on the methodology of the research.

CHAPTER IV

THE PRESENTATION OF THE FINDINGS

Introduction

This chapter presents the findings of the study. The first section will present responses to the interview questions including demographics, the rape experience, family of origin, and reasons for entering treatment. In the second section the qualitative findings will be presented including imagery, the impact of the rape on the self, paradigm cases, and the six phase response "Surviving Rape".

Thirteen women made up the sample. Twelve participated in the study through an audio-tape recorded interview with the researcher. The first participant was part of the pilot study and responded in written form to the interview schedule in its the early stages of development. The response of all of the women are included in the presentation of the findings.

Demographics

Six questions were asked to gain basic demographic information from the participants. They included a question on the age, work, level of education, marital status, presence of children and the number, living situation and how each felt about coming to the interview.

Table 1. Demographics

P	Age	Rape	Work	Education	Marital	Children	Living	Coming
1	31	23	Nurse	MA-Nursing	Divorced Engaged	1	House	Comfortable no problem
2	44	17	Secretary	Clerical Training	Divorced Remarried	5	House	Remembering some concern
3	33	24	Supervisor Trucking	College 3 yrs.	Single	0	House	OK
4	41	21	Nurse-Not Working at this time	BA	Married	0	House	OK, I'm Fine
5	39	21	Psychiatric Nurse	RN	Divorced Single	4	House	Happy to help
6	40	15	In School	Associate Degree	Married	6	House	Interested
7	31	16	Teacher	Child Developmt Assoc.Deg.	Divorced Remarried	3	Apart	Thought it would be good.
8	24	22.5	Social Service	M.A. Psychgy	Single, Engaged	0	Apart	Interested want to help

Table 1 (continued)

P	Age	Rape	Work	Education	Marital	Children	Living	Coming
9	28	17	Marketing Analyst	MBA	Married	0	Apart	I'm glad When it happened to me, no one to help
10	25	16.5	Medical Asst OB/ Gyn	School for Medical Ass Degree	Single	0	Home	It's fine
11	23	20	Teacher	BA-Math	Single Engaged	0	Apart	Feel ok
12	35	17	Training Manager Computers	BA-Psychgy	Single	0	Apart	Interested wanted to help.
13	43	30	School Social Worker	MSW	Divorced	0	House	Wanted to do it.
Age Mean = 33			Median = 33			Range 44 - 23		
Age R Mean = 20			Range 30 - 15					

Age. The women's ages ranged from 23 to 44 years, with a mean of 33.3 years. The median was 33 years and the mode 31 years.

Marital status. Thirty-eight percent (n=5) were married; thirty-eight percent (n=5) divorced; thirty-eight percent (n=5) single; sixteen percent (n=2) remarried; twenty-three percent (n=3) engaged to be married. One of the women had been married twenty-five years.

Children. Forty-six percent (n=6) of women had children. The total number of children was 20 with two women having one child, and the other four having three, four, five, and six individually.

Education. The educational background of the women was as follows: Twenty-nine percent of the women had Masters Degrees in the following fields: nursing (n=2), psychology (n=1), business (n=1), and social work (n=1). Twenty-three percent had Bachelor Degrees in the following fields: nursing (n=2), psychology (n=1), and mathematics (n=1). Eight percent (n=1) completed three years of college, eight percent (n=1) had a GED and a Child Development Associates degree, and fifteen percent (n=2) were in school, one for an associates degree in computer work and the other for a medical assistance degree.

Employment. Eighty-five percent (n=11) of the women were presently employed with eight percent (n=1) choosing

not to work at this time and the other eight percent (n=1) in school preparing herself to enter the work force after raising a family.

Living Situation. Sixty nine percent (n=9) lived in a house and the other twenty-nine percent lived in apartments. Eighty-four percent (n=11) lived with some one either husband, children, husband and children or a significant other. Fifteen percent (n=2) were single women living alone.

How Women Felt About Coming to the Interview. The following twelve responses, or ninety-two percent, represented the researcher's judgement of a positive feeling about coming; "comfortable" (#1), "no problem" (#3), "OK" (#4), "OK" (#5), "I'm fine" (#6), "Happy to help", "I'm interested" (#7), "Feel good, I was looking forward to it and thought it would be a good experience" (#8), "Interested, not enough done on this" (#10), "I'm glad to help. No one was there for me" (#9), "It's fine, feel OK" (#11), "I feel comfortable, I wanted to do it (#12)". Eight percent (n=1) expressed concern that she "might remember more" (#2). The thirteenth was the written response.

Table 2. The Rape

Age:	54% = 15-18 years High School	46% = 20-30 years College & Young Adults
Kinds:	Acquaintance 30%	Stranger 30% Date 38%
Temporal Factors:		
	Years Between Rape and Interview	1.6 - 27
	Categories	#1, 1-4 yrs 15%
		#2, 7-11 yrs 38%
		#3, 18-27 yrs 46%
Memory of Rape:	Types of Experience	
	1 = continuous from the rape	15%
	2 = lasting emotional reactivity	15%
	3 = repression and reexperiencing	69%

Kinds. Three kinds of rape were experienced by the women in the study: acquaintance rape, date rape, and stranger rape. The kinds were quite evenly distributed among the sample with thirty percent (n=4) categorized as acquaintance rape, thirty percent (n=4) as stranger rape, and thirty-eight percent (n=5) as date rape. One of the women's experiences was with her mother's boyfriend. This was included in acquaintance rape but the relationship was understood as more complicated than that due the familial ties involved.

Age. The age at which the rape occurred was an interesting factor in the findings. The required age for participants was limited to 21-60 years of age. The rationale for choosing this age range was to obtain an adult sample because it would not be complicated by developmental issues. Adult women, mean age 33 years, were interviewed

but the mean age at the time of their rape was 20 years. This introduced the developmental issue into the interpretations of the data which had not been anticipated.

Two age groupings were noted, adolescents and young adults. Seven of the women were between the ages of 15-18 [15 (n=1), 16 (n=2), 17 (n=3), 18 (n=1)], and therefore in the adolescence group. Six were in the second grouping age 21-30 [21 (n=2), 22.5 (n=1), 23 (n=1), 24 (n=1), 30 (n=1)] or young adults. Fifty-four percent of the sample was raped while in high school and forty-six percent in college or at the time they were beginning their lives as single working women. Only one women was married at the time of the rape.

Temporal Factors. The number of years that had elapsed between the rape and the interview ranged from 1.6 to 27. Three categories were developed: category #1 included 1-4 (n=2) years; category #2 included 7-11 (n=5) years; and category #3, 18-27 (n=6) years.

Memory of Rape. "I put it out of my mind then and there" or "Unconsciously I knew, but it wasn't conscious" were ways in which women said they dealt with the rape experience. Re-experiencing the rape after the actual experience was common. Three kinds of memory experiences were established: 1) continuous from the rape, fifteen percent (n=2); 2) lasting emotional reactivity, fifteen percent (n=2); 3) repression and re-experiencing, sixty-nine percent (n=9).

Table 3. Repression and Remembering the Rape

Participant	Years b/w Memory Rape	Trigger	Re-experiencing
#1	4-5	Home broken into	Feeling flashback of violation, vulnerability, fear. Dreams of breakin and rape "fused".
#2	27	Home broken into	Remembered repressed rape experience thru flashbacks and dreams.
#3	6	Anxiety and panic attacks	Treatment and re-experiencing thru flashbacks.
#4	13 & 17	At time of miscarriage At time of marriage	Nightmares about rape
#6	25	Sex with husband	Memory of rape, flashbacks, treatment, memory of incest
#7	16	Sex with husband	Flashback about childhood rapes
#9	5	Marital problems related to trust	Hallucinated presence of rapist
#10	1	Having an abortion and depression	Flashbacks of rape
#12	10	Work at victim services, and rape of younger sister	Flashbacks of rape

Table 3. represents the experiences of the women who repressed the rape experience and reexperienced images and feelings about the rape at a later date. This was activated by a perceptual cue or trigger.

Two women were represented in the category continuous from the rape. These women experienced flashbacks continuously after the rape. For Lori (#10) the re-experiencing phenomena lasted a year or more and was also re-activated in the interview. For Martha (#8) they have lasted for four years with decreased frequency at the time of the interview.

The second category, lasting emotional reactivity, included startle responses, imagining seeing the perpetrator and emotional sensitivity and reactivity to environmental factors which continued well past the rape experience. Fifteen percent (n=2) were in this category. Vera (#5) experienced "exaggerated panic and fear with men" but did not flashback to the rape. She noted, "If I had had flashbacks I might have dealt with this sooner. The effects were more subtle, they continued to effect my relationships with men." Cat (#13) said she tried to suppress the memories of her rape but reactions related to it have continued to surface over the past seven years. She becomes startled when she sees someone with the same features as the rapist and feels frightened that he may be out of jail, "even though I know he isn't".

Sixty-nine percent (n=9) were represented by the third category, repression and re-experiencing. This category represents the women who repressed the memory of the rape after it occurred and remembered it at a later date. The remembering and re-experiencing phenomena was stimulated by a perceptual cue and often by retraumatizing experiences that symbolized aspects of the rape and by symptoms that brought the person to treatment where they felt safe to remember.

For two of the women, having their home broken into triggered memories of the rape. For Marcy (#2) this triggered flashbacks to a rape she had not remembered twenty-seven years before. For Caroline (#1) the break in triggered feeling images related to the rape which included feeling violated, vulnerable and extremely fearful. She had dreams and flashbacks about the break-in which "fused with the rape experience". This was four to five years after the rape.

For Pat (#4) the memories of the rape resurfaced when she had a miscarriage and again shortly after marriage during sex. These experiences were 13 and 17 years after the rape.

Sarah (#3) was depressed and having panic and anxiety attacks when she entered treatment. She began to have memories of the rape at the beginning of treatment. This was six years after the rape. For Andy (#6) reexperiencing

the rape began during sex and was twenty-five years after the rape. This experience and the death of her father triggered flashbacks of her early sexual abuse. For Judy (#7) sex also triggered memories of past rapes, 16 years after they had occurred.

Heidi (#9) began to have dreams, visions and hallucinations of the rapist. These coincided with martial problems related to trust and honesty.

For Jan (#10) the flashbacks "came through" about a year after the rape and she noted that having had an abortion and depression stimulated the re-experiencing. She still has some flashbacks eight and a half years later.

For Cathy (#12) the rape of her younger sister and work at a Victims Services Program triggered memories of her rape ten years before.

Reason for Treatment

The most common stated reason for entering treatment was depression. Sixty-two (n=8) percent said they were depressed and half of the sixty-two percent said they were also suicidal. Experiencing active flashbacks was the next most common reason with thirty-eight percent (n=5) citing that as a reason for seeking therapy.

Anxiety attacks, and anger were cited by fifteen percent (n=2) and panic attacks and feeling she should go were cited by eight percent (n=1). Some of the women noted more than one of these reasons for entering treatment.

Family of Origin

To gain information about the participant's object relations, the participants were asked questions related to their relationship to family of origin including mother, father, and siblings and about deaths in the family. The participants were asked to give a brief "off the top of your head" type of response describing their relationship with family members. The presence of physical, verbal, emotional, and sexual abuse was also elicited. The rationale for the question was to gain some insight into the object relations that the women brought to the rape experience, and then to examine the effects that had on the post rape experience. The women were first asked whether or not their parents were living. Three of the women's fathers were deceased, one of the participant's mother was deceased and for one both parents were deceased.

Thirty-eight (n=5) percent of women came from divorced families. Forty-six percent (n=6) were from homes in which one parent was an alcoholic. Five of the parental alcoholics were the fathers and one the mother.

Relationship with parents was elicited first. These responses were rated as positive or negative in nature (the participant who gave a written response was not asked these questions).

Mother. Responses to relationship with mother yielded nine negative responses and four positive.

The negative descriptions were as follows: 1) "cold and impersonal", 2) "critical and subservient to everyone", 3) "I have anger towards her as she was not there emotionally for me", 4) "used to be enmeshed now distant", 5) "schizophrenic and abusive", 6) "very negative, alcoholic and schizophrenic", 7) "controlling, manipulative, not supportive", 8) "I was the mother, she was the child, no relationship growing up. Now better".

The positive descriptions included: 1) "good but not real close", 2) "Feel close but hard to talk to", 3) "My best friend, very close", 4) "We are very close".

Father. Responses related to relationship with father were organized into three categories positive, negative and ambivalent or changed.

The clear negative messages included: 1) "mean and violent. I tried to keep him laughing and happy", 2) "hot tempered and always right", 3) "Don't know him, he left when I was one year old. I have a stepfather, hate him."

The positive statements included: 1) "warm, nice, passive", 2) "good but not as emotionally connected as with mom", 3) "closer than to Mom, a neat guy, comforting. I was his special girl", 4) "my Dad and I were alike, we were very close."

The ambivalent or changing relationships were described as follows: 1) "growing up he was alcoholic, stern and strict but later my friend", 2) "We were adversaries, he was

erratic and explosive but now we are close", 3) "He abandoned me, but growing up I was treated like his special girl", 4) "Estranged for twelve years. He abandoned me but I was his special little girl."

A theme of being a special little girl to father came out of this material. Five of the women (38%) in the study talked about having this kind of relationship with their father.

Siblings. Responses to relationship to siblings supply another piece on family relationship. All of the women had at least one sibling. Nine of the women had at least one sister. Eleven of the women had at least one brother. The number of siblings for each participants was considered beyond the scope of this discussion.

The following are the findings. The responses related to sisters were: 1) "close to two out of three", 2) "they were not around", 3) "good, talk but not about this", 4) "We talk once a year", 5) "my oldest sister protected me, then left home", 6) "My older sister has multiple personality disorder", 7) "Good, honest relationships, can express feelings", 8) "close, I was mom a lot".

Responses related to brothers included: 1) "three brothers, I was the only girl. They are married and have children", 2) "We were very close. He went to Vietnam and came back a different person and has a chronic and severe emotional illness", 3) "Some conversation", 4) "one brother

is mentally retarded, I protected and took care of him", 5) "he hated me because I was treated special by my father", 6) "I still irk him but we talk a lot", 7) "I was the caretaker and he got all of the special treatment", 8) "transitional, we were close, he went to live with my estranged father. I wrote him off", 9) "close family, brothers included". Two of the women did not comment on their relationship to their brother.

Abuse. Information about abuse was elicited from the participants including presence of abuse, type of abuse (physical, sexual, emotional, verbal), the perpetrator and the ages of abuse. Eighty-five percent (n=11) reported experiencing some form of abuse.

Twenty-three percent (n=3) of the women said they were verbally abused which included verbal humiliation, name calling, blaming, and rages on the part of parental figures or siblings. The verbal, physical and sexual abuse were all noted by the women who were sexually abused.

Fifteen percent (n=2) said they experienced emotional abuse. For one it was the humiliating circumstances of the physical abuse and for the other it was related to feelings of abandonment and neglect.

Sixty-two percent (n=8) of the women responded affirmatively to the question of physical abuse. A ninth witnessed her brother's abuse but was spared because she was "special".

In fifty-four percent (n=7) of the cases, the father was the perpetrator, in fifteen percent (n=2) the brother was the perpetrator, in fifteen percent (n=2) of the cases the boy friend of mother and sister were the perpetrator, and in eight percent (n=1), the mother was the perpetrator.

Thirty-eight percent (n=5) said they had been sexually abused. Two were incest survivors, two were molested throughout their childhood, and one was molested by a sixth grade teacher. A sixth woman thought she had been molested as a child by a non-parental male. The two women who were incest survivors were also abused by other family members.

For many, particularly the survivors of incest, multiple abuses were described. The age range of the abuse, including all of the abuses and participants extended from two to eighteen years. Age of abuse was beyond the scope of this particular study so individual estimates by participant are not included. This concludes the findings on the family of origin category.

Table 4. Family of Origin

85% Some Kind of Abuse	38% Childhood Sexual
62% Physical Abuse	28% Witness to Abuse
23% Verbal Abuse	38% Divorced Family
15% Emotional Abuse	46% Alcoholic Family

Qualitative Findings

Introduction

The content areas established by the qualitative analysis to be presented in this section are: imagery, the impact of the rape on the self, paradigm cases, and the six phase response process "Surviving Rape".

One of the task in analyzing the data has been to consider the two theoretical frameworks of the study. Psychodynamic theory was the theoretical framework and interpretative phenomenology was the method of data analysis. The psychodynamic lens, for the purpose of this research, looked at internal processes, the intrapsychic dynamics of the participants. This included the formation of images, defenses, and object relations. Interpretative phenomenology was the existential lens. This method is grounded in ways of being and hermeneutics and is concerned with lived experience and self interpreted meaning.

In the basic research question about function and meaning, the psychodynamic lens deals more with function and the existential lens, interpretative phenomenology, with meaning as described by the participants. There are interesting linkages between the two. They are not mutually exclusive. In fact, it seems that they complement each

other.

Freud did phenomenological work using individual cases which enhanced and enriched his theory development. In this way he was able to translate depth-psychological insights into a natural science (May, 1984). His new psychological concepts greatly impacted Western culture's understanding of these processes.

Rollo May (1984) helps to explicate the relationship between the psychodynamic theoretical viewpoint and the existential point of view.

Existential psychotherapy is the movement which, although standing on one side of scientific analysis owed chiefly to the genius of Freud, also brings back into the picture the understanding of man on the deeper and broader level--man as the being who is human. It is based on the assumption that it is possible to have a science of man which does not fragmentize and destroy his humanity at the same moment it studies him. It unites science and ontology (May, 1984, pp. 87-88).

This allows practitioners and researchers to look at internal process or dynamics, as well as, the meanings beings find in their existence.

This kind of linkage between interpretative phenomenology and psychodynamic theory enhances the findings because both levels of analysis are represented. For example, Heidegger saw beings as living in a state of familiarity or taken-for-granted existence. In psychodynamic theory this links with the concept that much of life is lived at an unconscious level. Heidegger's description of Being as moving from concealment into moments

of disclosure resonates with the psychodynamics of the defenses and Heidegger's concept of "breakdown" to the notion of the weakening of defenses under stressful circumstances. That man is born into a complex culture from the moment of birth which then establishes and develops the person's "being-in-the-world" links with object relations theory. Winnicott(1971) writes "The place where cultural experience is located is in the 'potential space' between the individual and the environment(originally the object). Cultural experience begins with creative living first manifested in play"(p.100). This takes place first with maternal and paternal caretakers and then with "culture" in the broadest sense. These two perspectives look at different levels of analysis but link in a way that broadens the understanding of the material under study.

As noted in Chapter III, the strategies of thematic analysis, paradigm cases, and exemplars were used in the analysis of the data. Themes, paradigm cases, and exemplars are used in the following as a presentation strategy.

Imagery

One central purpose of this research has been to explore the function and meaning of imagery experienced by the participants in the study and to formulated an understanding of the function imagery plays in the rape and post rape experience. The question of the centrality and function of imagery in post trauma stress disorders, has

been addressed by a number of authors (Freud, 1920; Horowitz, 1970, 1976, 1983; Kardiner & Spiegel, 1947; Krystal, 1988; Lifton, 1979; McCann & Pearlman, 1990).

This section on Imagery will 1) clarify definitions, 2) document the types and range of imagery experienced by the participants, and 3) describe the functions and meaning of imagery based on the data.

All of the imagery in this study relates to the traumatic experience. None of the experiences described were due to psychosis or drug use to the researcher's knowledge.

Definitions of the Dynamics of Imagery

Imagery is the process of producing and experiencing images. The image is a mental representation. Any thought representation that has a sensory quality is an image. The image reproduces or represents sensory material that is perceived. Images can involve the senses of seeing, hearing, smell, taste, touch or movement. "Everyone has images as they are basic to the human mind and human nature (Achterberg, 1985, p. 37)." Image refers to a specific experience while imagery refers to the formation of images collectively.

Images are formed in two ways, receptively and actively. Receptive imagery is not created deliberately. It is formed or received into the conscious mind without effort. Active imagery is, on the other hand, consciously

and deliberately constructed. Active imagery is used, for example, in visualization techniques for body relaxation (pp. 38-39). Dreams are an example of receptive imagery.

Imagination is sometimes confused with imagery. To clarify, imagination is the capacity of the mind to produce and reproduce several symbolic functions, while in a state of consciousness, without making a deliberate effort to organize these functions. Imagery is only one type of imagination; it is the process of producing and experiencing images. "Imagination" is related to what is called "free association" in psychoanalysis. However, free association refers predominantly to what is expressed in words whereas imagination can assume non-verbal forms (Arieti, 1976, pp. 37-38)."

To clarify what an image is not, the concepts of sign, symbol and perception warrant definition. 1) A sign is an indicator. For example, a dark cloud may be a sign of a coming storm. 2) A symbol, on the other hand, is a representative of something else even when that "something else" is completely absent. For example, a word or a name is a symbol. In symbolization, images are the basic element. 3) Perception is different, also, because it reproduces what is present in the here and now.

The Functions of Imagery: Psychodynamic Formulations

The first function of imagery is to evoke and use the senses in vision, audition, smell, taste, sense of movement,

position, and touch.(Horowitz, 1983).

Second, imagery serves as a communication mechanism between, perception, emotion and bodily change (Achterberg, 1985).

Third, imagery permits the human being from not having to adapt passively to reality, not to be forced to accept its limitations. (Arieti, 1976)

Fourth, images make connections with past perceptions; they are elaborations of memory traces. (Arieti, 1976)

Fifth, imagery enables human beings to retain an emotional disposition toward an absent object (Arieti, 1976)

Sixth, images become substitutes for external objects. When that substitution takes place, the image becomes an internal object because it is located in the mind. When an image is formed by an individual it then becomes part of that individual's inner life. In this way, "Images . . . constitute the foundation of inner reality" (Arieti, 1976, p. 45).

The following are exemplars of the participant's self interpretation of the function of imagery and its meaning to them.

"The function of imagery, the flashbacks, is to help you heal . . . my body is getting them out. (#3,6)"

"the only thing I could tell people is to believe the memories . . . because the memories (the flashbacks) will come when you are ready to accept them. It's like your body's way of trying to integrate the whole process. (#6,53)"

"I just know that the accuracy of my own memories has been my experience and it's just things that were too traumatic to deal with at a young age. But the brain still has it there" (#6).

"I think the flashbacks are very helpful for me because I want the information. I want to know what happened. I don't want all these empty years in my life that I don't remember. I want to know what happened" (#7,25).

"I think if I had had flashbacks it would have set off an alarm to do something sooner . ." (#5,17).

"I'm no longer having hallucinations of the rapist . . . May be it is a check on my progress, of my whole healing progress. I mean, because I haven't had that feeling since I officially said to him its okay" (#9,64).

Types of Imagery

The following defines the types of imagery experienced by the participants and presents examples of them found in the data.

Thought images are an ingredient of normal mental life. Content ranges from fantasy to visualizations of logical problems of geometry. Poetry, for example, uses vivid thought images (Horowitz, 1983).

"The rape....it's like being stained . . . you know if you stain something . . . it soaks all of the layers" (#8,51)

"That broken mirror image from my past is the strongest. I just had to have it intact . . . I felt everything depended on me and everything was falling apart and self interprets . . . I can feel now the same emotions of trying to put it back together" (#2,22).

After the rape "I was walking dead (#12,19)."

In dissociation, "It was kind of like watching a horrifying movie, a way of putting a distance, a wall. . . it's like my little cocoon. My

plexiglass wall between me and what happened" (#12,37-38).

With memories "I think most of it was just once I let the gate down, most of it that was there just came running back in . . . When the wall came down, just the image of everything flooding back and me standing in that silly hallway at that conference center crying incoherently and just all of a sudden, everthing's raw and everthing is vulnerable and letting it go. And thankful that did happen, but it was ten years" (#12,66,73).

"The image that I have of myself (before the rape) is just being, like swept along downstream and not really grabbing onto anything . . . And I guess now, I'm standing up. You know that water is still swirling around me and I have to fight it. But I'm better able to do that" (#8,50).

"The rape experience shattered a dream. I always thought I'd be a virgin, have some one who loved me and was sensitive and caring" (#4,13).

"Regarding memory of the rape, "everything was there. . . I just knew. It was like I just hit the right key on the computer and then it was there" (#2,12).

Eidetic image is a vivid, photographic reproduction of previously perceived objects (Horowitz, 1983). Eidetic images occur especially in young children.

"And then, it was about two days later that I had the memory come up that I was two years old and, what is so interesting about memories because they are just so time-frame perfect . . . It was from the fifties . . . it's like the piano is there, I see the drapes we had back in the fifties . . . and I remember the little clock . . . It's like your mind takes a photographic flash and freezes it and everything is so accurate. That's what's so amazing" (#6,22-23).

"I remember he had some kind of poster . . . the color detail comes back. There were like red and pink flowers in this poster" (#12,24).

Pseudo-hallucination is an image which, when perceived,

is believed not to be real but is nonetheless reacted to emotionally as if it were real (Horowitz, 1983).

"I had an image of someone coming through the door, my reaction, it was physical and my adrenaline started" (#1,16).

"But I was so far gone at that time--the closet door was open and I thought that I saw like a woman's body in the closet. It wasn't, but I thought that. And I was terrified" (#8,34).

"I got in the back seat of the cab, sat down and looked at the cab driver. I must have stared at him for a good 15 seconds. I was just--terrified. I could have sworn it was him (the rapist), you know. I just--I guess I just superimposed his face on top of him. Like once I realized what I was doing, I'm like oh, I'm sorry I thought you were somebody else" (#11,44).

Hallucinations are an image of internal origin that seems as real, vivid, and external as the perception of an object. They can occur in any sensory modality (Horowitz, 1983).

"I guess one of the big things I did want to remember was the image of Sam (the rapist)'s ghost coming to visit me because it came a lot. And so I would imagine when I was alone that this spirit or his ghost was visiting me, still asking for forgiveness . . . Sometimes in a way it was(scary). Like if I thought--if I imagined him being right behind my back, that would bug me. The presence of him was around any time, but normally when I was alone." Asked about whether she could see him, smell him, feel him. "Just that feeling that someone was there . . . But not lately, maybe because he knows I've forgiven him " (#9,37,60-61).

Dreams, like hallucinations, are an extremely vivid form of imagery. Dreams are a series of images, chiefly visual although auditory, tactile, kinesthetic, and other forms of images and words may be involved. During dreams

ideas and feelings that are unfamiliar to waking life may emerge (Horowitz, 1983).

"I think my dreams were not about the rape, but afraid of going to court . . . I just wanted to forget it. . . Yeah at night, yeah dreams of seeing him again in the courtroom, although there is nobody else in the courtroom. I guess I felt no security by the courtroom, which is typical since my mom had no luck in the courtroom" (#11,43).

"I had dreams of being attacked and feelings of someone holding my feet down. There was also feeling of pressure and not being able to breathe" (#1,16).

Nightmares are a special form of dream which by definition are experienced as very unpleasant. They usually contain frightening visual images, and may be associated with feelings of paralysis and smothering. Nightmares are a form of dreaming in which a usually warded-off mental content enter awareness as hallucinatory imagery and leads to painful emotional responses. Repressed traumatic memories may have their first conscious recollection as emerging as a nightmare (Horowitz, 1983).

"the memories of my dad . . . came through a dream first . . . I have a friend, that I was suspicious that she was sexually abused by her father. That's what my dream was about . . . She's experiencing this horrendous act . . . but why am I feeling the pain" (#6,21).

"I have had dreams and this is where the whole thing came up. I dreamt that he (the rapist) was bludgeoning me to death" (#4,12).

"So, I've had, uhn, memories that come back as nightmares, and, uhm, like body sensations that kind of thing" (#6,13).

"I still have a recurring nightmare . . . it

started after the rape happened. I lived in Cicero when that occurred. And a lot of bad memories back there. My dream is always that I'm in the neighborhood, you know, I'm right by the apartment, and I'm compelled to go in. And the door is always open for me, I don't live there any more . . . when I go in, it's always dark. It's always dark and I know I shouldn't be there" (#10,37-38).

"I think I had night terrors, instead of nightmares. I think it was a little different . . . It was very real, very real for me. I still do that at times. It'll get to a point when I wake up and it's still real. It's very difficult for me to get past it and say it is a dream" (#7,21).

Illusions occur when a perceiver transforms stimuli until they resemble something other than the external object. The experience is subjective, often vivid, and localization is external. Usually there is at least a brief sense of reality (Horowitz, 1983).

"There's some times when I see his face" (#10,41).

Flashbacks are experienced as image fragments associated with traumatic life events. Traumatic images are usually visual, vivid, recurring, and unbidden (Horowitz, 1976). Flashbacks are the experience of reliving a moment or part of the past and when experienced are vivid and terrifying (MacCann & Pearlman, 1990). They are also affectively charged. Flashbacks and other re-experiencing phenomena (such as nightmares and hallucinations) are usually accompanied by physiological responses (McCann & Pearlman, 1990). These disturbing images often come into awareness when the individual is experiencing feelings

similar to those that accompanied the original event (Bower, 1981).

"It was just, they would just flash, a lot of my memories have been conscious-like flashes" (#6,20).

"Sometimes it happens during intercourse and when it's dark. And I kind of freeze up and I stop. And I have to open my eyes and have to--because I might be drifting away somewhere" (#10,39).

"when the weather changes, I notice it most of all when the weather changes from fall to winter. And you start to get that, like I can smell cold, I can smell cold. I can feel the weather changing. It's like I go through the depression again" (#10,53).

"I was just completely ransacked and disorganized. I can just imagine, because I work on computers, I could just imagine this major computer virus getting in and putting all kinds of information in, all kinds of different data files. And, you know, programs, you'd go to run this program and this one comes up, and it only comes up half way and then it slips into this program over there . . . it was hell. It was manual override. It was just auto pilot, and I was watching the things and thinking I didn't feel as though I was consciously recalling these things . . . But they were being thrown into my conscious thoughts" (#11,31-32).

"What came back was the image of the house, the image of him picking me up and throwing me on the bed, broken images at first when it first flooded back. It was just kind of like a movie in fast forward, just kind a blurred . . . there was motion to it and color . . . I could see with my eyes" (#12,21-24).

"One memory I had (of incest) was in a intimate moment with my husband, a flashback(#6,14)."

"It was mostly images . . . that little scene . . . it's like a tunnel thing and I can't see anything beyond who's bathroom it is . . . it's like you try to peak into more of it, or whatever, and I can't force it, so it's going to come when ever it comes. I've had other ones that are total, you know, I see me, and I see my dad holding me, and I

see what he is doing to me. . . It's like a longer type of thing not just a flashback" (#6,55).

"That trapped feeling, just felt nauseous, came to me the most. I mean something as simple as being stuck in traffic . . . maybe this is the same thing but flashbacks . . . feeling smothered. Feeling somebody is on top of you" (#3,5).

Symbolic Enactment Enactment means to act out, to represent (American College Dictionary,1980). In symbolic enactment a meaning, feeling or motive is acted out or represented.

"I guess I was waiting for death. I never wanted to die more than I wanted to die that night. I remember having like a funeral like I had to bury the trauma from that experience. And then I vowed to never, ever speak about it again . . . I buried it in the deepest parts that I could find to bury it" (#6,27).

"I've done a lot of work with it(the abuse). After grad school..I went back and walked through that town and went to both houses. A lot of it was really kind of symbolic. I asked if I could look in the basement(where the abuse had occurred and she(the owner) said they had a fire there...It all burned down. And that in itself was healing for me" (#8,18-19).

Body Image Horowitz (1983) interestingly lists body image under types of images. Examples will be presented in the section Impact of the Rape on Body Image. He defines body as

"a hypothetical construct of usually unconscious images that operates as a specialized, internal, analog data center for information about body and environment. It is in constant transactional relationship with perception, memory, emotions, drives, thoughts, and actions. The body images includes information about the shape, appearance, position, and organization of the body and its immediate surroundings. Theoretically, there may be a series of body images: the most current one being stacked upon and developed out of a series of body images and concepts of personal space

extending backwards in time to the earliest body images of childhood. Some of these body images may be preconscious, in a psychoanalytic sense: they can be raised into consciousness with volitional effort (Horowitz, 1983, pp. 23-24)."

Object Relations: Impact of the Rape on the Self

This section presents the findings on the impact of rape on object relations. Impact is defined as an impinging or striking especially of one body against another. Also the force of impressions of one thing on another: an impelling or compelling effect (Webster's New Collegiate Dictionary, 1980). This includes the participants description of the ways in which the rape changed their object relations related to self, body, others and the world. "At the heart of our theory is the idea that trauma shatters the self"(Ullman and Brothers,1988, p.5) and "Disturbances in self-regulation, self esteem, self-representation are common sequels to trauma" (Waites, 1993, p.104).

Object relations are made up of the internalized images of self, others, and world developed from relationships with early caretakers which change and are reconstructed throughout the life span. For the women in this sample, rape impacted and changed these images in significant ways. As Martha stated "I feel like it impacted me in all ways. It impacted me physically. It impacted me mentally, psychologically, spiritually. I mean, like it just touched all of me . . . Like there wasn't any part of

me that was untouched" (#8,51). As Herman (1992) writes

"Traumatized people suffer damage to the basic structures of the self. They lose their trust in themselves, in other people, and in God. Their self esteem is assaulted by experiences of humiliation, guilt, and helplessness. Their capacity for intimacy is compromised by intense and contradictory feelings of need and fear. The identity they have formed prior to the trauma is irrevocably destroyed. The rape survivor Nancy Ziegenmayer testifies to this loss of self: "The person that I was on the morning of November 19, 1988, was taken from me and my family. I will never be the same for the rest of my life" (p. 56).

In Chapter II, it was suggested that psychic trauma be summarized under three headings: trauma proper, preconditions of trauma and effects of trauma (Furst, 1987). This section will document the effects of the trauma. Trauma proper will be described in the 'getting through' process of the six phase response, and preconditions through the paradigms cases.

The following will document the effects of the trauma on self image, body image, image of self in relation to others and the self in relation to world. Changes experienced by the participants from the pre rape image to the interview will also be presented.

Self Image

The following aspects of self image are represented through the exemplars of the participants: changes in self image, self blame, self esteem, self confidence, and shame and guilt. Fear, feeling depleted and silenced were themes related to self image.

Changes in self image

1) "Before the rape I just felt like I was a lot happier. I mean, like truly happy. Like now I can say, oh, I'm happy, but my heart's always heavy and it's me . . . I was a lot more confident . . . I would try new things and do what I wanted to do . . . and afterwards, I just felt like I was shrinking back and, I don't know, it's just like that heavy heart feeling" (#9,44).

2) Before the rape "I was not affirmed by my parents, I wasn't taught to defend my self or to speak up". After the rape, "I couldn't tell anyone about it, I couldn't look into people's eyes, I felt vulnerable. I had thought I was safe but I wasn't. I didn't have a self image. I felt passive, empty vulnerable, depressed and suicidal" (#1 6-15).

3) "I just felt different. Before I wasn't afraid of anything, nothing bothered me. Now I don't trust, I'm not able to be with people, and I'm not as loving" (#3,4-5).

4) "Before the rape I always had a feeling of emptiness, but on the surface a go getter, real vivacious, very responsible beyond my years . . . after I was a walking zombie, like I wasn't worth anything in all areas" (#4,11-13).

5) "At the time of the first rape I didn't like my self, being as I didn't have Dad's approval, I didn't have my own. After the second rape I felt better about my self. I felt it happened for a reason. It really made me concentrate on better things in life and better things in myself" (#11,47-49).

6) "At the time of the rape my self image was not strong, plus I was young. My self image took a nose dive after the rape. I didn't feel confident about abilities and my grades weren't as good as they should have been. I think things have changed, my self images is tied up with work . . . but just never feeling quite as relaxed as I had before . . . the safety issue, not being able to trust" (#12,45,58-59).

7) "I think superficially, before the rape, I had a better self image. I wasn't afraid to walk down the street. I wasn't afraid. I didn't think I had to hide my body all the time. I was, I guess, more proud of being a woman and proud of how I

looked. And then, superficially, I think I had a better self image. But on a gut level, I didn't. I mean I was in a job that I didn't like and was really making no effort to get out of, in a relationship that was destroying me, that was eroding my self esteem and really making no effort to get out of that either . . . And really, you know, I think inside, deeper down, I'm stronger now than I was then. And some things are rougher" (#8,51-52).

Self Blame

1) "It makes me mad, the loss of control, not being able to defend myself, not being able to stop it. I should have . . . but part of me feels I just went along. He said he had a weapon but he didn't use it. I imagine just trying to stop him but he got away" (#3,5).

2) "I feel I was unable to deal during the rape . . . my voice wouldn't come out. It has left me with feelings of doubt and self blame" (#4,14).

3) "I was unable to call out . . . I had a Catholic upbringing, it was unlady like and I was afraid of a nasty scene . . . I wasn't convinced it wasn't my fault . . . date rape made it unclear" (#5,5).

4) "I had been raped and that makes me not as good . . . kind of self blaming . . . not Jan. Jan is very self sufficient. She takes care of her self. She is athletic. But Jan would never allow it. So I guess I let them (her family) down" (#10,45).

5) "I still feel a harboring of guilt. I still feel like part of it was my fault, or that I asked for it or something" (#11,16).

Self Esteem

1) "I think the rape demoralized me to the point that I accepted the abuse, and his (husband's) verbal and emotional abuse" (#1,10).

2) "After the rape, like I wasn't worth anything in all areas . . . I hadn't dealt with things . . . I was just a walking zombie . . . my life went down hill" (#4,13).

3) "It(the rape) was a turning point in my life

for the worst. I can talk about it if you want. I guess I felt that I was defective . . . before the rape. But afterwards it's like I felt more worthless, uhm, that there was definitely something wrong with me, that I was damaged . . . My self image was bad before but crippling after that. I felt inferior to everyone" (#6,25,27).

Self Confidence

1) "It was like a self confidence thing. Like before he raped me, I was just a go-for-it type of person. And after it I was afraid to do . . . to try things" (#9,38).

2) "My self esteem was down, but my ability to get around this and have a meaningful relationship was severely questioned. I just didn't think I could be out there and really do it" (#5,15).

Shame and Guilt

1) "A lot of shame . . . (in a dream) . . . Looking down on the sleeping bag and the people off in the distance, and the shame and the chuckling . . . as if they knew and no one came over" (#5,7).

2) "Even if it is their fault, the guilt is overwhelming" (#9,68).

Body Image

This section presents the women's descriptions of the ways in which the rape effected their body image. The following aspects of body image are represented through the exemplars of the participants: Changes in body image, weight and body image, concealing the body, disconnecting from the body, and body image as tainted.

Changes in Body Image

1) "Before the rape I felt good about my body, now I don't eat, lost my appetite, feel a sense of distortion, want to cover my body. Before I wasn't afraid of anything, now I have lost trust in my body" (#3,4).

2) "I guess I really did like my body before and then afterwards . . . when I went away to college I started having just all kinds of complaints about my body . . . it was a big change" (#9,48).

3) At the time of the rape "I was extra thin, 115 pounds, easy to pick up for a roofing contractor . . . my body image was always kind of mixed up. My mother had a tomboy figure . . . I had an hourglass figure. . . my mother thought I was fat because I was curved so I was constantly trying to look better, kept working on losing weight . . . on top of that the image of him (the rapist) being able to pick me up came into play. " (#12,54).

Weight and body image

1) "I have gained (100lbs) steadily over the years . . . I think trying to find a safety . . . It's also a distancing for me, putting a wall . . . it keeps distance between me and someone else" (#12,54).

2) "After the rape I wasn't eating anything and I lost a lot of weight. I'd eat an apple but it was like I was starving myself. When I met my husband . . . I was very thin and so I started putting on weight. I felt safe and thought no one could attack me but then he said look how fat you are getting" (#1,15).

3) "I struggle with an eating disorder and wanting to get rid of the curves in my body because it would feel safer" (#8,62).

Concealing the body

1) After the rape "I tried to wear clothes that would hide me . . . and a lot of times I'd be poking around my closet 45 minutes trying to find baggy clothes" (#8,41).

2) "After the rape I covered my body, I was not confident of it" (#4,13).

3) "I don't trust my body, I don't want to see it, I don't want anyone else to see it" (#1,14).

4) "I'm much more confined. I'm not very comfortable without any clothes on. I don't want people to look at my body . . . My first reaction

is if they see my body and they like my body they are going to want it" (#10,51-52).

Disconnecting from the body

1) "Body image is disconnected for me, I don't know if I really have an awareness of my body or comfort with it. The sensation or just total body discomfort. And the misuse of my body by others and then the total disregard for it (by husband) if I got pregnant or not" (#5,15).

2) "I knew I hated this body. It's like I blamed the sexual aspects of it. This stuff (incest and rape) happens to me . . . It's because you have breasts, you have a vagina, you have a butt . . . during my pregnancies, too, feeling really humiliated and embarrassed to be pregnant. I hated my body then, too . . . but now more ashamed" (#6,44).

3) "I had the best body in high school, I just had the perfect body . . . a sexy body and I used it. My body is still important to me but I keep it as a hidden gift...I know the problems, the trouble it gets you into. Not only so far as rape but the way guys view you" (#11,54).

Body image as tainted

1) "I feel tainted also. I felt tainted at the time" (after rape) (#5,8).

2) "It wasn't necessarily that I had been spoiled, but the image of who I wanted to be was spoiled. I had already spoiled myself in high school (1st rape) . . . I had already ruined my own purity in high school" (#11,56).

3) "I feel soiled, sullied, even though it's been over 10 years ago" (#13,3).

Self Image Related to Others

Self image in relation to others is the next category of presentation. The following aspects of self related to others are represented through the following exemplars: changes from pre trauma to post trauma relationship to

others, and relationships with friends, men, and family.

Change in relationship to others

1) "It (the rape) was five days from my twentieth first birthday. I was carefree. I didn't worry about anything. I didn't have anything to worry about really. Very fun and carefree. Afterwards, you know, I went through depression. It took me a long time really to go out with friends. I had that scarlet letter on and couldn't have fun . . . because I was afraid that everybody saw that letter . . . R, for, you know, has been raped . . . They're supposed to be very somber, they're not supposed to dance . . . drink. They are supposed to control their themselves and their emotions and their feelings . . . I went out there and sat down and kept to myself. I used to have headaches every time I had to go out" (#10,44,47,48).

Friends

1) "I lost friends because I couldn't talk about it" (#1,15).

2) "After the rape I was always ashamed of being with people. I couldn't handle social situations. I felt very alone" (#6,41).

3) "I just became very anti-social. I would be real psyched up for a party and then get there and sulk in the corner . . . I just really didn't feel like talking to anyone" (#9,34).

4) "It took me a long time to go out with friends . . . I couldn't have fun and dance . . . my social life was restricted" (#10,43).

5) "Sometimes with others I feel out of place and everything tightens up, I tend to get quiet and distant. After the rape I started building lots of walls" (#12,40,48).

Men

1) "I was afraid of men who looked like the rapist" (#3,7).

2) "Sometimes I feel afraid of all men even relatives" (#13,1).

3) "On that day I just really had no faith in the

male population at all" (Martha had experienced men calling out sexual innuendos at a time shortly after the rape (#8,60).

4) "I got together with him(a man in college) . . . I was still together with him for the rest of my undergrad . . . I guess it was just protection so I wouldn't have to deal with meeting other guys" (#9,49).

5) "certainly trusting men, that wasn't up to the level where it had been . . . well it wasn't that high to begin with from dad. I tried to explain to my fiance but he got too stressed out" (#11,34,69).

6) "I used to be--I was always very open and trusting with men because I'd grown up with lots of brothers and cousins and uncles and male friends. I think that part of that was I didn't trust that much anymore. It was hard for me to trust someone to go out with them . . . I was scared... a part of it was the self image I had now, like well, why would he want to go out with me. And then do I want to go out with him? What's he like? Is he going to hurt me because I had been . . . I probably would have married someone I met ten to twelve years ago but I was afraid to partly because of the rape" (#12,48,52).

Family

1) "It changed my relationship with my family because I couldn't be with them. It was too hard to share" (#3,4).

2) "My mother was pregnant when she got married--with my brother. She had a lot of shame for that. I couldn't tell her because she would think I was like her--more shame. When she found out she screamed at me for not telling her" (#4,11).

Self Image Related to World

The last piece of the content theme, Impact on the Self is on self related to the world and will be summarized through the following two exemplars on change in this area.

1) Before, "I was very trusting of my environment. This community is a wonderful community to grow up

in. . . but it is not such a safe little nook in the burbs of Chicago. And Chicago isn't such a fascinating city anymore. The grime comes through a lot more. I mean, I was living in a beautiful spot. We looked out of our dorms, the city just laid out in an L around us, and everything sparkled when the sun went down and it was just really neat. And this was my picturesque view of the city . . . And I got--I certainly got some grime" (#11,51).

2) "The safety issue, being able to trust . . . It is a lot. I think it's a big loss especially when you're young and you know, you trust and growing up in a small town in Missouri . . . I mean the people leave their doors unlocked. You know, it was a pretty safe kind of place to be. So to have that taken away in Munchkin Land, Missouri . . . That was really, you've got to be kidding and it doesn't happen kind of horror . . . like the movies--people always describe that's the best way to set up a horror movie or a scary movie or a scary book is that you superimpose something totally out of place in such a normal setting. And I think that was in this little trusting community where everything seemed to be, and people . . . you know, you were out on a date and you felt perfectly comfortable . . . going for a walk at the lake at midnight . . . a real loss. This nice, bright attractive man who I thought was really sweet turns into a total disaster" (#12,59-61).

This completes the findings of the impact of the rape on the participants and changes that took place for them.

Paradigm Cases

Background Ways of Being

"learning to be silent"- verbal abuse-38%
 "not being protected"- sexual abuse-38%
 "being the strong one"- divorced family-38%
 "living with a wall"- alcoholic family-46%

From the paradigm case analysis four themes emerged which represent ways of being experienced by the women in the study. They are: 1) "learning to be silent", 2) "not

being protected", 3) "being the strong one", and 4) "living with a wall". The themes represent a central way of being within a family culture, an experience the participants brought to the rape trauma.

For most of the women in the study, two or more of these themes represented important issues for them. Of the thirteen women, four are most strongly represented by the theme "learning to be silent", four by the theme "not being protected", two by the theme "being the strong one", and two by the theme "living with a wall". The other participant was in the pilot study in which the researcher determined to increase the questions about family of origin. The material from the pilot study was not included since the object relations piece had not been fully developed at that time. The cases are presented using interpretive description.

Case I

"learning to be silent"

Caroline represents the women who grew up with verbal and emotional abuse. She is 31 years old. Caroline is a registered nurse who received a masters degree in management and now works for a marketing department of a hospital. She is presently engaged. She has a twelve year old son from her first marriage.

She noted that her mother was unique because she had five children but she was a very cold woman. She said that she found out through going to therapy the she "never got

it" because there was no emotional warmth. She felt that the whole family had been "marked" by this and described her family as dysfunctional. Her father tried to be warm but she felt he was overshadowed by mother and "didn't know what to do with us (four daughters)". She interpreted "I think that is why I have problems in relationships with men, my dad took such a passive role that we hardly got to know him. He was more comfortable with the boys." Caroline described being physically and emotionally abused by her mother as a young girl. She talked about her mother's periodic rages and being slapped and kicked by her, "but it was the emotional abuse and not ever really being cared for." She described her emotional state. "I think what happened, I wasn't associating until I don't know when. It was like I was on automatic. I did what I had to do but I didn't feel it or experience anything."

During high school Caroline became pregnant and had an abortion. She said, "I never told anyone . . . because that is the way I was brought up." She did not tell her mother "because it wouldn't have mattered. I think I learned to shut up and not speak out or say anything." Caroline talks further about her experience growing up. "As a little girl, I wasn't taught to defend myself. We just accepted and didn't question. Not only was it the family, but the church. I went to a Catholic school. I had to be a nice little girl. I didn't speak up. You don't ask a lot of

questions . . . We weren't taught to defend ourselves and to say "Wait, don't do this, it is not appropriate."

Wanting to be a nurse, Caroline applied to a community college after high school and was able to pay for it herself. She said that she moved to Chicago two years later, "because I knew I had to be away".

Caroline had finished her nursing degree and was working at a hospital at the time of her rape. She had dated the man for a year but had broken up with him because he wanted to get married. At the time of the encounter she had not seen him for five months. He came to her apartment and "he basically dragged me into the bedroom . . . and I was fighting him but I couldn't verbalize a scream."

Caroline was to be at a party the next night and was unable to bring herself to go. When a friend called her, she talked about being silenced again. "I couldn't tell her. She was a social worker and I had worked with her but I just couldn't tell her. She went on to share that she was never able to tell anyone anything. "That was a pattern I had established as a kid. Through out everything I never believed it would count. I didn't believe anyone would help me. Even to yell out and just scream, I couldn't do it."

About a year after the rape Caroline was married. She sees now that she married her husband for sexual safety. She described him as initially respectful and non threatening sexually. But after being married for a while

she realized that he had no sexual interest at all which became a problem. As the marriage developed she shared that he became more and more critical particularly of her appearance and her weight which began to further eroded her self esteem. "It took nothing to demoralize me." She stayed in the marriage for seven years and did have a son. "I was at the point of killing myself but I think my son's birth made me realize that I had put a bandage on my marriage." Caroline went to therapy and then divorced. She interprets that "to make a long story short the rape I think was the reason I married my ex-husband . . . because he didn't want me sexually . . . I think the rape demoralized me to the point that I accepted the abuse, his verbal and emotional abuse . . . I felt because of the abortion and the rape this is what I deserved."

After her divorce, Caroline moved into a house with her son where she experienced a break in while she was home. This was followed by a series of obscene telephones calls. Both were retraumatizing. She said that her reaction was not as paralyzing as the rape but she felt vulnerable, violated, and fearful about her safety. She interpreted that "the way you react is based on what happened before and I can't slip back to that time. . . I've gotten strength to say 'yeah, that did happen' and I need to move on. If anyone tried to rape me now they sure as hell will get a fight out of me. There's a strength to being able to defend

myself and maybe that's the key."

Caroline feels she has "came the furthest" of the siblings, "maybe because of certain circumstances that have forced me to think 'what is going on here' to the point when I was married and very, very depressed, I was probably going to commit suicide. It was like either you get it together or you are not going to be here any longer". Caroline acted by getting into therapy and decided to divorce. She talked about how difficult it was to get into therapy but realized how badly she needed to "put the pieces back together".

She, also, talks about "being on the other side" and observes, "I couldn't talk about the rape because it would make it real, but I now realize if I had talked about it, it would have taken the power out of it." And she concludes the interview by wondering what happens to women who are healthy, that could fight back, that didn't blame themselves.

Interpretation. In this paradigm case Caroline talks about the theme of "learning to be silent" and her perception about its effect on her during and after the rape. She represents the women who, often in moments of breakdown, find the courage to seek help from an other and in so doing gain a sense of self worth and the confidence to express themselves freely.

Because of her experiences in her family of origin, she did not have the opportunity to practice using language,

ideas and feelings to assert and reveal herself in healthy ways. For approximately eight years after the rape, Caroline was unable to share her experience with others as she believed it would make no difference. This left her alone with the extreme and complicated feelings experienced after trauma and she carried them with her through the following eight years.

During the rape she talks about feeling silenced and unable to scream. This failure to act augmented her feelings of helplessness and self blame. Many women are unable to scream at the time of rape because of shock or fear that it will make things worse. But Caroline and the other women in this study who "learned to be silent" make it clear that, also, they were not taught by family, church or their culture ways to empower themselves, that is, to defend themselves, to confront, or to believe that they could make a difference.

The silencing of voice and feelings left Caroline alone with the multitude of post rape responses. It, also lead to a marriage for sexual safety and to depression. Caroline came to the experience "demoralized" because of the rape. She was suffering from self blame, low self esteem and dealing with unresolved issues related to an abortion and her family of origin. She married reactively because of fears stemming from the rape and because she was unable to talk with others about them. This lead to seven "lost

years".

Caroline found herself depressed and in crisis but the independence and determination that got her out of her family home when she felt she needed to, helped her act and enter treatment. She now finds pride in what she has accomplished and feels strongly that she would now fight. Caroline is happily engaged. She says she is learning to receive and to ask for what she needs.

Case II

"not being protected"

Sandy represents women who grew up with sexual abuse. She is 40 years old. Sandy has been married for 25 years and has six children. They range in age from 7-24 years of age. She is presently in school learning secretarial and computer skills.

Sandy described growing up in a family in which there was alcoholism, mental illness, sexual abuse and incest. Mother's schizophrenia and father's drinking left her "pretty much the caretaker. I did everything and was also the people pleaser". She also protected her younger retarded brother from physical abuse.

In her family, maneuvering for protection was a way of life and a way of surviving. For example, Sandy talks about her older sister. . . "She always protected me and watched over me. But she moved away and I was left with my next sister up . . . her boyfriend sexually abused me on every

occasion."

Sandy describes the impact of growing up in her family when she talked about seeing a show on incest on television, "until I saw that show . . . I didn't know there was anything wrong with incest." She self interprets, "I thought that's what I was put here on the earth for, was to take care of other peoples needs, to be abused, that is what I lived with . . . it just became real normal. It was a taboo subject. It was never talked about; I just normalized it I guess."

Sandy talked about her role with her father. "I kept him laughing . . . he was a mean and violent alcoholic so I thought if I could keep him feeling that I loved him, that he wouldn't drink . . . and he wouldn't abuse me. But it didn't work." She was also the closest to her dad, "the favorite".

When Sandy's father died she was relieved and "felt safe to start looking at all this stuff and go into therapy." She began remembering the rape close to the time of her father's death and these factors triggered memories of her sexual abuse and incest which until then had been repressed. The rape occurred in the home of a friend which violated her sense of safety. "It does something to you to be totally surprised and startled and caught off guard . . . I thought I had some protection there because my girl friend was there."

Sandy talks about two other experiences related to this issue. She describes the following experience in her incest survivor's group. "Well, she sat back in her chair, the group leader, and you could see the fire. It was so great to have that expression of anger." No one had ever protected Sandy by getting angry and stopping the abuse. The second experience she describes is an occasion when she was at a large bar. Her girlfriend got up and was sexually harassed by a man in the bar and her husband and his friends ran to help her. "It was very powerful to see the anger directed at the perpetrator, to see all that male anger." It was also a potent loss for Sandy. "I never had the cavalry come to my rescue like she did."

Sandy described the long process of retrieving old memories of abuse and flashbacks of the rape. Part of that description is about dissociating, the way in which she protected herself from pain and disintegration in her earlier years. This protective mechanism, after the abuse had stopped, continued to operate in threatening situations, a reaction that has caused difficulty for her in past years. It has lead to a number of retraumatization. Conditioned to dissociate rather than to activate an early warning system in threatening situations, Sandy automatically became an observer of her own experience as she had done many times in the past.

However, today Sandy is learning to protect herself in

a different way by practicing staying in the present, to stop dissociating so she can make decisions about what is in her best interest.

Sandy talks about her therapy and the progress she has made. She has worked through many of her issues regarding the abuse and the rape. She attends a incest survivor's group and is in individual therapy. Sandy is attending school and writes poetry. She talks about beginning to feel whole.

Interpretation

In this paradigm case, the theme of "not being protected" is presented. Not feeling protected is a common theme in families in which there is sexual abuse. Sandy's experience of not being protected by her mother is also not unusual. This was a common experience of three other women in the study.

In her family, the sexual abuse was so prevalent that it became normalized for her. It became a part of her highly critical negative definition of herself.

Dissociating was protective in her early situation and during the rape. When the abuse ended there came times when this protective, automatic response stopped protecting her and instead left her extremely vulnerable to retraumatization. This continued to reinforce her deeply ingrained "negative internal messages" and maintained depression, low self esteem, and self blame.

The rape, while described as "a turning point for the worse" did triggered memories of her early abuse and brought her to therapy where the healing process began for her. Sandy exemplifies the strength and courage it takes, for all the women in their unique way, to confront the past and heal. Sandy is well along in her process of healing.

Case III

"being the strong one"

Jan represents women from divorced families. She is 25 years old. She is a medical assistant for an obstetric/gynecologist office. Jan is single and does not have children. She presently lives by herself with her cat and dog. She is trained as a Rape Crisis Counselor.

Jan described her family make up. "My parents are divorced. I have a mother and a stepfather and a father and a stepmother. Two step-brothers that live in the area, other ones that I never see, and a brother and a sister." Regarding mother, "I remember that she was the child, I was the parent." Regarding her father, "Though we might be close living, we were not very intimate." He left the family when Jan was young. Jan talked about her place in the family, "when my dad was gone, you know I was pretty young . . . I was the surrogate partner . . with mom."

She described her relationship with her sister as "someone to talk to, a very close and honest relationship". With brother it was not very close. "I was the one with all

the responsibility, he was the one who was carefree . . . He got away with murder and was praised for it." Since Jan had to be the disciplinarian she often "got beaten up by him". Jan feels that this left her with a lot of resentment for both her mother and brother. Jan defines herself as the strong one in the family both emotionally and physically.

During the rape and after Jan demonstrated that strength by fighting the rapist, creating a scene, and screaming for help although she was eventually raped. She also managed to free herself from the trunk of the car where he left her for hours. "I guess I was more afraid for my life . . . I guess the rape at that time was secondary."

Jan talked about wanting to remember every detail because she wanted the police to find him. And she described that she felt good and alive for several weeks after the rape because she was glad that she had survived. But she had the "toughest time" and felt the most "violated" when she found out she was pregnant. She was strongly advised by everyone, including counselors and her priest, to have an abortion and she complied. She shared that it "was against my religion, my values and morals . . . no matter how this came to be, or no matter what the outcome is, or whether it would have gone full term . . . it is a miracle. Not only is it a miracle, but it is part of me." In this situation Jan felt overwhelmingly powerless. Rather than the positive feeling she experienced after the rape, she was

severely depressed and filled with guilt, self blame, and fear that she would be punished by infertility.

Jan described the effects of this on her self esteem. Somehow this made her feel "not as good", speaking in the third person, "not Jan. Jan is very self sufficient. She takes care of herself. She's very athletic. There was a time when my stepbrother didn't even mess with me cause he knew I could beat him up." She perceived that her family and friends would think this could happen to somebody else but not to Jan. Her conclusion, "So I guess I let them down." She recalled that her stepbrother and her sister's response was "not to Jan . . . Jan's more together than that". She also noted, "it was hard to ask for help and I didn't."

For over a year or more Jan lived with major depression and was isolated and unable to work. "It was probably four years before . . . I was having a good time." She did seek therapy and went through a process of reexperiencing and mourning the event. The therapy she says has "made me more aware of my feelings and accepting your feelings . . . so that is much different and I am pleased with myself."

Interpretation

This paradigm case represents the strength and the vulnerability of children who have to be "the strong one". In her divorced family, Jan filled the void and became the "surrogate" parent. As she said, she replaced her father

and became the strong one. She took on a stereotypically male role, for example disciplining her brother and having to fight when he physically beat up on her. In many ways she was, as it were, prepared for the rape and in fact fought hard and survived it.

That strength was a major piece of her public and private identity as well as her self worth. It was shattered when she was rendered powerless by the view of others that abortion was the answer to her pregnancy. This created an inner conflict related to strength and vulnerability which led to major depression, a symptom and a compromise formation. It also undermined her sense of safety. She noted that she "pretty much lived in her bedroom . . . I felt safer in there." Trauma as many of the participants said does shatter the existing sense of self.

Through therapy Jan has been able to make important changes. She said she is more aware and more accepting of her feelings than she has ever been. Through the process she was able to accept her vulnerabilities and become much more than the "strong one".

Case IV

"living with a wall"

Kate represents women who grow up in alcoholic families. She is 35 years old. She works as a trainer for a sales department of a software company. She has a bachelor's degree in experimental psychology. She is

single. Kate formerly worked for a victim services organization.

Kate began talking about her family by saying that her father had died two years before. She was close to her father but said that he was an active alcoholic until she was 17. At that time he quit drinking but he never gave up any of the behaviors like taking responsibility and keeping promises. Her parents have been divorced "since I was little." Kate has six siblings, five sisters and two brothers. She said, "We loved my parents, but they were juvenile delinquents that never grew up . . . so we kind of raised them along the way . . . I was mom a lot." She described the family as not communicating well and being in denial or "not dealing". This was an important theme in her life.

Kate told of being date raped when she was 17 years old. They had been out several times. She described him as a friend of a friend, as attractive, and a roofing contractor. The night of the rape, he drove her to his house and when he got there he picked her up, took her inside and raped her. Kate doesn't think he thought it was rape.

Kate recounted that eight years ago her sister, who was 11 years younger, had her home broken into and she was tied up, beaten, and raped. This was at the time that Kate, who was working at a Victim's Assistance program, was just

beginning to deal with her own rape. Memories of her rape that had been "put back" were beginning to flashback. She reflected upon her family's style and noted that she wanted to give her sister both emotional and physical support but "my mother was in total denial. For my mother . . . problems, they don't exist. You ignore them, they go away."

This is what Kate did after she was raped, she didn't tell anyone, "I had to put it back to deal." "I don't think I could communicate that at the time. My family wasn't very good at communicating in some ways." Kate interprets that not being able to communicate made a difference. "I thought something was wrong with me, that I was stupid enough to believe him, I should have been more aware, I should have been able to fight him off . . . I was blaming myself and not dealing with it." She continues "and I understand how my family dynamics and kind of communication skills that we did and didn't have contributed, you know, to some of that . . . it made it hard for me to deal with bad things happening."

Kate uses the metaphor of the wall to describe what happened to her after the rape. "I started building lots of walls". And it took a long time to recognized that. And those still are there somewhat". She said the walls had not been there before but after the rape she felt "scared with men" and "wondered, is he going to hurt me". She felt she couldn't trust her instincts . . . "it was very hard to let

somebody in." Kate also observes, "I still had to unlearn my communication or lack thereof. So even when I got close to someone, if something happened, I did not talk about it." She feels that these patterns have prevented her from marrying on one occasion. Not being able to communicate creates walls too.

Kate talks about how she coped with the ten years between the rape and reexperiencing the memories of it. "It was total denial. It didn't happen. Putting the wall up between me and those memories. And there are things from my childhood I did that with, too, and for years not realizing my dad was an alcoholic even though I saw him, you know, sloppy drunk."

Interpretation

This paradigm case presents the effects of poor communication and denial on the recovery process. For Kate a central theme from her experience growing up in an alcoholic family became a core theme related to the rape. It is the theme of walling off be it through denial, lack of communication, or through repression. When she does begin to re-experience the rape she talks about the release. "When the wall came down . . . Just the image of everything flooding back and me crying incoherently and just all of a sudden . . . letting go. And thankful that it did happen, but it was ten years."

These communication and denial patterns of her early

years were solidified and her self recriminations magnified when she was unable to communicate with her mother or friends after the rape. She was, also, in late adolescence. While the memories were repressed for ten years, the fears and trust issues played out in her daily life in which she now felt uncomfortable letting men near her, felt the need to withdraw into her apartment, and felt uncomfortable with people in general which had not been the case before the rape. During this period she gradually gained weight, 100 pounds, "Its also a distancing for me, putting up a wall." There was underlying depression, too, although her career continued to flourish. She noted, "I just felt bad and did not quite know why." Her sense of trust and safety had been severely undermined.

Once the re-experiencing or remembering process began Kate went to therapy and worked on family issues and communication. She feels well along in the process of healing.

This completes the presentation of paradigm cases.

The Six Phase Response: "Surviving Rape"

Introduction

This process was established through thematic analysis and exemplars. Not having a voice and not being understood were two dominant themes articulated by the participants. As a researcher who was privileged to enter the participants world, an important goal of this work has been to give voice

to the women's stories and to increase awareness of what it means to be a rape survivor. Judy, a survivor of childhood abuse, incest and rape shared, "It's a matter of trying to survive. The survival part is the hardest thing I have ever done in my life. I wish the public could understand what a survivor is. Survival is not only surviving the sexual assault and abuse but getting through the healing process. I was able to detach and dissociate as a child so it didn't hurt me. As an adult, its killed me (#7,42)."

Lifton (1976) in his work on trauma and the symbolization of self describes "survival as an achievement" noting that the threat of death is a key. Rape is a life threatening experience which involves both the threat of physical death and the threat of death related to the disintegration of self. Lifton (1988) in his article "Understanding the Traumatized Self", writes, "The survivor retains an indelible image, a tendency to cling to the death imprint--not because of release of narcissistic libido, as Freud claimed, but because of continuing struggles to master and assimilate the threat (as Freud also observed) and around larger questions of personal meaning. The death encounter reopens questions about prior experience of separation, breakdown, and stasis, as well as, countervailing struggles towards vitality" (p. 19).

The six phases of the "Surviving Rape" process are: getting through, responding, being retraumatized,

remembering, mourning, and healing. Each phase constitutes a process in itself with all of the phases interacting as a dynamic system. In post trauma stages "No single course of recovery follows these stages through a straight forward linear sequence. Oscillating and dialectic in nature, the traumatic syndromes defy any attempt to impose such simpleminded order" (Herman, 1992, p.155).

Table 5. "Surviving Rape": The Six Phases

Phases	Internal Dynamics	Imagery	Meaning
1 - Getting Through	Dissociation Absorption Amnesia	"Being somewhere else"	"It's the bodies way of protecting you."
2 - Responding	Symbolic symptom formation	Actions and re-actions represent conflict	To escape feeling and conflict related to the rape experience.
3 - Being Retraumatized	Changed object relations post rape	Experiences mirror rape in symbolic way	Often trigger for memories which lead to Tx.
4 - Remembering	Re-experiencing phenomena	Flashbacks, dreams, nightmares	Getting in touch with lost time, affect, and meaning of trauma.
5 - Mourning	Feeling of loss, mourning, and detachment from pre-trauma object relations	Describe feeling states and beginning shift to new object relations imagery	Loss: of trust safety, soul, innocence, vitality, dreams, and connection with others.
6 - Healing	Restructuring and restoration of self	Use of imagery to heal and find meaning	Development of wholeness, and a more authentic self.

The following elements in the six processes will be documented: internal processes, imagery, themes, lived experience, exemplars, and self interpreted meaning. As noted internal processes and imagery are psychodynamically based and themes, exemplars, and self interpreted meaning based on the interpretive phenomenology strategy of data analysis. The following describes the six phase process of surviving rape that emerged from the qualitative analysis.

Getting Through

Getting through is defined as continuing to remain alive, continuing to exist during an experience which is traumatic and assaults the individual physically, emotionally and mentally. It reflects the dictionary definition of survival: to continue to remain alive after the cessation of something or occurrences of some event: to continue to exist. 'Getting through', in this case, is the process whereby the individual survives the event as it is taking place.

The three ways in which the participants in the study 'got through' the rape experience were by dissociation, traumatic amnesia, and absorption. They are classified as hypnotic states (Singer, 1990).

1) Dissociation is defined as the splitting off of clusters of mental contents from conscious awareness, a

mechanism central to hysterical conversion and dissociative disorders. "Dissociating can be viewed as a mobilization of spontaneous hypnotic ability in the service of defending against extreme environmental stress (Spiegel in Singer, 1990, p. 127). The concept implies some kind of divided or parallel awareness (p.127). Repression, on the other hand, is defined by the following elements (Holms in Singer, 1990): a) repression is selective forgetting of material that causes the individual pain; b) it is not under voluntary control; c) repressed material is not lost but can be returned to consciousness when the anxiety associated with it is removed. Dissociation related to trauma may take the form of an out-of-body experience. An out-of-body experience is defined as an experience in which the individual perceives his or her awareness or mind as being outside or separated from the physical body. Out of body experiences are...a common component of near-death experiences occurring in individuals who suffer life threatening trauma or are revived or resuscitated after respirator or heart beat have ceased (Singer, 1990). "The psychological theory holds that out-of-body experiences are a special state of consciousness and that the experience of being outside the body is essentially hallucinatory" (Singer 1990, p.22).

Examples include "I kind of dissociated myself during the rape ..I was out of body", "I see it happening and I'm

looking up and watching two people".

2) Amnesia is defined as pathological loss of memory; a phenomenon in which an area of experience becomes inaccessible to conscious recall. The loss of memory may be organic, emotional, dissociative or of mixed origin, and may be permanent or limited to a sharply circumscribed period of time. Singer (1990) gives the example of a rape victim who may lose all memory for the events of the rape despite no loss of consciousness during the event. Nonetheless, these memories do not disappear and may be reaccessed (Spiegel, 1980; Wagstaff, Traverse, & Miller, 1982). Retrograde amnesia is the loss of memory for events preceding the amnesia proper and the condition(s) presumed to be responsible for it (American Psychiatric Glossary, 1994). The event in the study is the rape trauma.

Examples of traumatic amnesia include: "I think I just wiped it all out then and there". "I just kind of numbed out, can't even remember what happened after or in between the time.."

3) Absorption is the third way in which the participants 'got through ' the trauma. It is having an episode or episodes of total attention that engages one's representational (i.e., perceptual), enactive, imaginative, and ideational resources. In absorption "the hypnotic experience is one of intense absorption. The focal idea is attended to at the expense of any peripheral or contrasting

experience... Many experiences involve this narrowing of focus to the point at which the awareness of being aware is restricted (Spiegel in Singer, 1990, p.124-125)".

Examples of absorption include: "I kept thinking I've got to remember where I am...so I had to remember the street names...all the K streets(#10,14)." "I tried not to escape mentally but physically...I tried to concentrate on getting out of there...physically taking note of everything I could" (#11,60).

"Trauma experience typically produces an overwhelming need to escape what is, in reality, inescapable. Dissociation is a psychobiological mechanism that allows the mind, in effect, to flee what the body is experiencing, thus maintaining a selective conscious awareness that has survival value. The shock of trauma produces states that are so different from ordinary waking life that they are not easily integrated with normal experience. As a result of this discontinuity, the traumatic state may be lost to memory or remembered as a dream and is sometimes remembered, as something vague and unreal (Waites, 1993, p. 14)."

The following are three exemplars of the process of 'getting through'. These accounts demonstrate the phenomenology of dissociation, amnesia, and absorption and the use of imagery and self interpreted meaning. They are strong examples of the psychological states experienced during rape trauma. The words of the participants are referenced by the number of the participant and the page in the interview from which the quotation comes.

The first of the three exemplars is of Jan's lived rape

experience. She is a survivor of stranger rape. At the time of the rape she was a senior in high school. She returned to her car after finishing her Christmas shopping in a crowded mall and found her assailant crouched waiting for her next to the car and she described the following process. Each number represents a stage in her process of 'getting through'.

At the beginning of the assault, 1) "I didn't think or feel anything. You kind of run on survival instincts, I guess you would call them. Just out of instinct I created a scene. I fought back. I had managed to roll down the passenger window to scream for help. I beeped the horn and we were fighting. During this whole thing there was commotion. I was punching and kicking. I had yelled and made a commotion. I could see people walking in front of the car" (#10,11), to no avail.

2) "he pulled my head close to his head and held my hair and cocked and shot the gun two times, possibly three . . . when it didn't go off . . . it created more adrenalin in me and I fought harder. He hit me on the head a couple of times . . . and I almost lost consciousness, saw black twice" (12).

3) "I was dazed and I wasn't fighting back at this point. I was kind of struggling to stay where I was. I was aware that I was bleeding" (13). They then drove to another place where the rape occurred.

4) "its funny how I . . . it's so important to me to know where, you know, have a plan of action of where I'm going" (14).

5) "I kept thinking, well, I've got to remember where I am and how to get out. So I had to remember the street names and which are the K streets, all the K streets" (14), after the rape and during the interview Jan had total recall of streets and her surroundings.

6) "I tried to take away maybe, have some control

of the situation" (15).

7) "I still was not afraid of him. Afraid of the situation I was in, still not afraid of him" (15).

8) The sexual assault occurred. "Maybe, I will tell you how I felt . . . I kind of dissociated myself like, all right, well, this is what comes next. During the assault itself I was not in my body. I was some where I would go when I was a girl, a little girl and I wasn't feeling very good. There was a park right by my house, in the back of my house, and that's where I was" (16).

9) she continued "that's where I went" but also . . . "there were times when the assault was going on that, like I said, I would come back and I could see myself in the car and I was aware of the trucks going by" (16). Three alternating states of consciousness appeared to be going on.

10) "He told me to get in the trunk and I felt as though I was going to smother, couldn't breathe. He threw me in the trunk and it was very, very cold" (17). The rapist then left the car.

11) "My keys were in my coat and if my keys were there then he couldn't get my dog" (18).

12) "I was tired. I probably laid there for a little bit gathering myself" (19).

13) "I then kind of became aware of myself where I was and the other people I knew" (19).

(14) Jan then remembered how a friend's back seat opened forward to allow entrance to the trunk. She was able to get out of the car, was picked up by people driving by, and was taken to the hospital. "I kept saying, I know where he is, I know where my car is. I kept saying to this lady, I know where he is, I know where my car is" (22).

15) "the rape really wasn't that important to me . . . I guess I was more afraid of my life than I was of being raped . . . because of I was more afraid for my life" (25).

The following shows the stages that Martha went through during the experience. She is a survivor of acquaintance

rape and of childhood sexual abuse. She was twenty-four at the time of the rape. This is an exemplar of her 'getting through' process.

When the assault began:

1) "It was like it wasn't really happening . . . but I think it (the dissociation) started then because I just refused to see it" (#8,29).

2) "Thinking about it now--I see it happening like I'm looking up and watching two people" (29).

3) "I had a ponytail holder in my hair and it had fallen out and somehow went under the couch during that. And I can remember it there under the couch. It was red" (30).

4) "when he was on top of me, I think at that point was when I just disconnected" (30).

5) then "He tied me to the bed and he left the room and I heard water running and doors shutting and I remember thinking at that point I was going to die and this was it and just being really angry. It was probably the most hopeless feeling I have ever had" (30-31).

6) Then "He grabbed me by the hair and made me take a bath with him. At that point I had stopped fighting." In the bath tub "that's really the only time I remember feeling pain during the whole thing . . ." (31). After this Martha was raped.

7) At the time "I dissociated and have no memory of penetration. Now I can see it like watching two people from the ceiling" (33).

8) "I remember almost wanting to be dead at this point. When he finished he tied me up to the bed again" (33).

9) "I was so far gone at that time that I saw like a woman's body in the closet. It wasn't, but I thought that. I was just terrified" (34).

10) Eventually the rapist went to sleep and "I started to cry" (34).

11) Martha's self interpreted meaning of

dissociation was "I know the mind does that to protect itself" (74).

12) Martha talks about her dissociating in daily life. "There are certain situations that trigger it. One is having to go to the doctor . . . or being anywhere where I feel like I can't leave will trigger it." The experience was described as "I just feel like I'm not there. I just leave. Tune out . . . It's more emotionally because I do remember what's going on at the time . . . it's more of just a 'coming out'. More of an emotional dissociation" (74).

Lori provides the third exemplar of the 'getting through' experience. She was in college at the time of the rape and was assaulted by three men, one whom she met in a bar frequented by students. Lori was also raped in high school. She invited the "guy" and his friends to her room. At the time of the interview she was engaged and planning her wedding.

1) "it got pretty violent. I just didn't want to get hurt" (#11,24).

2) "I decided that I was going to play it cool, I'm just going to go along with it rather than to get hurt. I tried to buck it the first time, and it--I got hurt . . . I would rather fornicate and get it over with and go on about my life, and just not get hurt" (24-25).

3) "I blocked so much of this out. I believe I was only penetrated by one . . . I was really afraid of the numbers. I don't remember" (26).

4) The interviewer asked "were you aware of what was going on." "At first no. I was so afraid. I was caught up in fear . . . once I got myself situated and just thinking about my basic needs, I started to become aware of what was going on, and trying to take notes and getting the physical--and trying to memorized their bodies and their faces and things and that is the point I really started to recognize things" (27).

5) "I remember the smell of his shirt, the fabric softener, and that was the one smell that I remember coming away with, the fabric softener" (27).

6) "I was more concerned about catching the guys than taking care of myself" (29).

7) "Physically there were just bruise marks on the legs and arms. I wasn't beaten. I think, I honestly feel that that's because I went along with it until I could get out of it. I really think that's the smartest thing I could have done at that point. There is no way I could bully my way out of it" (28).

8) She noted later that "getting through the first rape I was running for my life" (40).

9) After the men were gone Lori called the police and went to the station to report the crime.

10) "During the act itself I tried to keep my head about me. I really tried not to escape mentally, but to escape physically. I tried to concentrate on physically getting out of there. And again trying to take note of everything I could . . . I wanted these guys in jail" (60).

11) "I had all of my senses peaked . . . I had all my senses on maximum over drive" (61).

(12) "I was also feeling in my body more . . . I could not get away from the physical feelings (61)." At the time of the interview, Lori had just stopped therapy. During the initial part of the interview she did not talk about the specifics of her rape in the way that most participants had. Then close to the end of the interview, she began to re-experience feelings she had dissociated during the rape.

13) "I feel more now like I can still feel them physically, like they're still there . . . I haven't felt that . . . That's interesting. I've never actually recognized feeling that. Yeah, I feel violated this very moment, like its happening again. "This is something I realize hasn't been taken care of. That is my way of coping but it is not the right way . . . If I don't deal with it now, it'll come out at a time when I really don't-like for instance, on my honeymoon" (61-62).

14) Lori's self interpreted meaning, "I have to deal with this. I guess in all the confusion and all the feelings that were brought up from this rape, the one that you'd think you would deal with, I guess I haven't . . . I guess it is what my brother does, and what my fiancée has done in the death of his father. He pulled away from everything, he refuses to deal with it. He doesn't cry" (62-63).

15) The interviewer asked "did you have a sense about this before?" and Lori replied, "No. And that's why--that's one of the reasons why I wanted to do this. I wanted to see really, how have I done, lets put it to the test, how have I done, how am I. Not as well as I thought" (64). Lori learned from the interview that there was important work and healing to be done in preparation for a major live event, her marriage.

The other women's description will not be presented in detail but by summary quotations describing the core of their experience.

"During the rape it was like I was there but I wasn't. I remember the sun through the window, like I was watching it happen and not believing it. And then he was gone" (#1,8).

"I think I just wiped it out right then and there" (#2,10).

"I just kind of numbed out--can't even remember what happened after or in between the time he tried to take me to his room and I said no" (#4,8).

"I could detach. I had some control. I was up here looking down. It wasn't my body anymore. A good thing for me" (#3,14-15).

"It may sound strange but maybe even an out of body experience about what it looked like--was going on" (#5,7).

"I felt frozen and numb. I dissociated from the ceiling. I had an out of body experience during the rape" (#6,19-20).

"It was all a blur, just with my eyes open,

expressionless, looking at him" (#9,21).

"We got in the house and the rest is a blur, the time it happened, I just denied everything. I had to put it back to deal" (#12,18-24).

In the women's descriptions the elements of the process can be identified. The internal processes of dissociation, absorption and amnesia, exemplars of the experience, and self interpreted meaning. The theme, fear of death, related to physical death, emotional death, and disintegration of self is dominant. "Long after the event, many traumatized people feel that part of themselves has died. The most profoundly afflicted wish that they were dead" (Herman, 1995, p. 49).

Imagery allowed the survivors to dissociate to somewhere else, i.e., viewing the rape from the perspective of the ceiling, or going to a place "where I went as a little girl". Imagery served to displace or enact the experience of self by hallucinating a dead body in the closet. In absorption, total focus on images as in remembering every street, concentrating on trying to get out, memorizing faces, and being concerned with catching the guys helped the survivors get through. In amnesia images were repressed. In all cases imagery functioned to help survivors adapt to and deal with unbearable affect and physical pain.

Ninety two percent or twelve of the women talked about some form of hypnotic state during the rape. The written

response did not write about such an experience.

'Responding'

This is the second phase in the process. The definition of respond is to exhibit some action or effect as in answer; to react. 'Responding' includes reactions and actions of the participants after the rape experience. It includes both immediate and long term responses.

The responses to the rape exist in a temporal frame of soon after to longer term. Some symptoms subside quickly for some women while others lasted years for others.

In much of the earlier literature on rape, it was thought that by a year or possibly two a rape survivor would be recovered. In the past twenty years, with the increased focus on abuse, victimization and dissociative disorders, there has been increased awareness of the longer term impact of rape. Follow up studies to Burgess and Holstrom's work find that

rape survivors have higher levels of persistent post-traumatic stress disorder compared to victims of other crimes. These malignant effects of the rape are not surprising given the particular nature of the trauma. The essential element of rape is the physical, psychological, and moral violation of the person (Herman, 1992, p. 57).

McCann and Perlman (1990) found five response categories in their summary of the literature on victimized populations. These categories are useful for organizing the responses of the participants in this study. They are,

however, general and have not been considered within the analytic framework of this work.

Emotional Responses. The most frequent emotional response, ninety-two percent (n=12) talked about was depression. All but one identified that they were depressed right after the rape or within approximately a six month period. As one participant said, "I couldn't comb my hair" (#2) and another shared, "It was the turning point in my life for the worse" (#6). The rape was the "beginning of a downward spiral" (#4) for another. Thirty percent (n=4) of the women said they were suicidal as well as depressed.

Twenty-three percent (n=3) of the women used the word shock, to describe the initial impact after the rape, a response that Burgess and Holstrom (1979) and Horowitz (1976) describe as a most common response in the initial phase after a trauma. Anxiety and panic attacks were noted by twenty-three percent (n=3). For the participants, they occurred in places where they felt "trapped" with examples of being in a restaurant or being stuck in traffic in a car.

Anger, feeling demoralized, degraded, dirty, dismantled, disorganized, and fearful were also emotional responses. Another woman said, "it was the feeling that nothing would ever be right again." Feeling isolated and "being unable to put the pieces together" were also common emotional responses.

Biological Responses. Not eating, loss of weight, and

sleep disturbances were noted by twenty-three percent (n=3) of the women. Progressive weight gain in the months after the rape was noted by twenty-three percent (n=3) of the women. One of the participants talked about having a knot in her stomach long after the experience which she re-experienced in the interview while talking about the aftermath of the rape.

Cognitive Responses. Re-experiencing of memories in waking life and in dreams were common cognitive responses of eighty-five percent (n=11) of the participants. Examples include vivid dreams of being attacked and experiences of feeling suffocated like "some one was in the room" (#1). Others felt they were being flooded with thoughts. The re-experiencing of the rape which had been dissociated will be covered under the 'Remembering' process.

Behavioral Responses. Taking numerous baths and showers right after the rape in a effort to remove the smell of the rapist was an initial behavioral response.

Escaping responses included heavy drinking, promiscuity, and moving or traveling. For one women, a survivor of incest, she began to self injure.

Fifteen percent (n=2) said they married soon after the rape for safety. One interpreted that she married an asexual man for sexual safety and the other interpreted that she had married for physical safety. Both of these marriages ended in divorce.

Social and Interpersonal Responses. The social and interpersonal relationships of the participants were effected in a number of ways. Isolating and restricting relationship was common. Not wanting anyone to know and not being able to tell others including family, was another. Dating decreased or stopped altogether.

Sexual relationships were greatly effected due to the physical and emotional sensitivity of the women and the frequency and discomfort of experiencing flashbacks during sexual intercourse.

They are described in the following exemplars.

Emotional responses

"I was very depressed after the rape. I always thought I would be a virgin . . . that the first experience would be sensitive and caring . . . It shattered a dream. I thought of quitting nursing. I was confused. I felt nothing would ever be right again" (#4,13-14).

"After the rape my grades went down hill and so did feelings about myself. I did a lot of laying around. I think part of it was a way of escaping" (#12.44-45).

Biological Responses

"I wasn't eating and I lost a lot of weight. I'd eat an apple but it was like I was starving myself. I don't eat when I'm stressed. I'd be petrified, couldn't sleep, I'd have dreams of being attacked and I couldn't go back to sleep. What I could do was push it back so if it did surface it was major and I didn't sleep well. I was falling apart. I met my husband and started putting on weight . . . I felt safe and thought no one could attack me" (#1,13).

Behavioral Response

"I got really, really wasted . . . I was kind of

in shock, not really knowing anything that was going on. It's like you had to just let it slide by because no one knew where to go . . . there was nothing they knew to do to help . . . I was angry. I was pissed . . . I was still in a daze. I got stinking drunk at a party . . . It was to escape because I was so angry and so hurt" (#9,11-27).

Cognitive Response

After going to report the crime, flashbacks, "It was dismantled. Like nothing was where I would expect it to be. I'm a very organized person and I have my own little shelves in my brain in which to tuck things. After I've dealt with them I put them on the shelf and nothing was in the right shelf. . . I was recalling things, I was thinking about things that had nothing to do with the situation . . . Everything flooded in . . . I just wanted to see my mom so bad . . . It was mostly trying to get the security, the emotional security." "I was just completely ramsacked and disorganized . . . I could imagine this major virus (computer) putting all kinds of information in all kinds of different data files . . . It was hell . . . I was not in control of my thoughts . . . it was just on manual override" (#11,29-30).

Social and Interpersonal Response

"For ten years I retreated into my apartment, withdrawing into my cocoon, not wanting to let a man near me" (#12,72).

The responses or symptoms served as images about the particular underlying feelings the participants experienced which were too difficult to identify, to accept or express after the assault. The theme of the acting out or symptoms was the need to escape and to find safety.

Images like "I was on manual overload", or "it was like a computer virus" helped participants describe the undescribable.

Judging from the material shared by the women in their

interviews, all women would fit the criteria for Posttraumatic Stress Disorder. DSM-IV also notes that "the disorder may be especially severe or long lasting when the stressor is of human design [e.g., torture and rape (p. 424)]." All of the women in the study talked about responses to the rape.

'Being Retraumatized'

This is the third phase of the process. Being retraumatized is defined as being traumatized again by events in ones life that are experienced as violations of the self because the experience in some way mirrors or repeats the trauma in a symbolic way. The meaning of retraumatization in this definition relates to an increased sensitivity and changed object relations related to certain life events. In some cases the notion of revictimization would be more accurate. This meaning refers to the link between early trauma and revictimization. "There is evidence that survivors of childhood sexual abuse are more likely to be victims of a later crime or accidents (Sedney and Brooks 1984), rape (Russell,1986), and domestic violence (Walker,1985).

Examples of being retraumatized: after a break in to her home, "I unlisted my phone, I wasn't functioning...I was a paralyzed as when I was raped", "I felt raped having to have surgery", "it was me dealing with feelings of being raped by the police".

The following are the ways in which the participants were retraumatized: by reexperiencing phenomena, by having someone break into their home, by reporting the rape, by the consequences of the rape, by helping professionals, by being blamed for the rape by associates and by their mother, by violations of trust, and by surgical procedures.

Re-experiencing phenomena. One of the most retraumatizing post rape experiences reported by the participants was the re-experiencing of the events through flashbacks, nightmares, and intrusive images which randomly presented, unbidden, in both sleeping and waking life. The painful affect which was dissociated during the rape was re-experienced or experienced for the first time. Some of the women lived with re-experiencing phenomena continuously from the rape while others repressed the memories until they were triggered and time was re-opened. The trigger for the later was often a retraumatizing event. Exemplars of the reexperiencing phenomena will be presented in the 'remembering' phase.

Break in to the home

After the rape "I was in my house and had a break in. It was a hot August night and I had locked the screen door but had left the front door open . . . I was getting ready to close it and there was a hand sticking through the screen. I slammed the door, put the dead bolt on and dialed 911 . . . It was a nightmare . . . The police said the motive was not robbery--it was rape. I was petrified. I couldn't open doors . . . I was a basketcase. It just wiped me out. I looked at men at work, I didn't date, and I unlisted my phone number. I wasn't functioning . . . I was as paralyzed as

when I was raped" (#1,11-12).

Reporting the rape

When the participant met the policewoman at the hospital "she said something to the effect of haven't you heard about the expression you play, you pay . . . I was feeling quite guilty about it, and couldn't figure out--I guess the thing that hurt the most about the rape was that I was accused of asking for it. It wasn't necessarily me dealing with the feelings of the rape as much as it was me dealing with the feelings of being raped by the police" (#11,19).

Consequences of the rape

Jan discovered she was pregnant from the rape. "I had found out that I was pregnant because of the rape about two to three weeks afterwards. That is probably where I had the toughest time . . . that is probably where I felt the most violated. I never got control back, whereas after the rape, I was able to tell my story. Somebody would listen and there would be an outcome..on this everybody's opinion was . . . to get rid of it. You have to have an abortion. I was thrown for a loop . . . it was against my religion. It was just. . . against my values and morals. I wasn't convinced at that time that that's what I wanted to do. That's where I feel that I was the most violated. Nobody listened to me. Nobody listened to me. Probably what it boils down to . . . is no matter how this came to be, or no matter what the outcome is . . . it (pregnancy) is a miracle. Not only a miracle, but part of me" (S#10,28-29).

She continued "But that hurts the most of all . . . I wish that people weren't so afraid of it, weren't so taken back of it. It's probably like when rape was very taboo, you couldn't tell anyone, you couldn't do this. That's probably what it felt like. It's like no, get her away, get it taken care of, shove her in a corner, get rid of it" (#10,30).

Jan saw the abortion as more traumatic than the rape and interpreted, "Probably because one happened after the other". After the abortion, the second trauma, Jan lost her job. "I feel as

though I lost my job because of the rape" (#10,35). She also went into a major depression after the abortion.

Martha discovered she had contracted genital warts from the attack "which was devastating" (#8,48).

Surgical procedures

Martha was also diagnosed with endometriosis about six months after the rape which required surgery. Regarding the surgery, "I felt raped having him-- it was big--I could see it when I laid flat, it was a big bump . . . I felt raped having a lump there . . . I felt raped having to have surgery, having someone go inside me when I didn't want them there" (#8,53-54).

Helping professionals

Kate's experience with her therapist, "the rape stuff was hard for her and I don't know whether it pushed any buttons . . . but she couldn't quite talk about those things . . . her walls seemed to go up at the point I started to talk about those things....she'd just say uh-huh, uh-huh, uh-huh to the point you wanted to slap her" (#12, 72).

And another, "I may as well have gone and yelled this over a wall somewhere, and you know, run for my life" (#12,73). Again a participant describing an experience of not being listened to, a symbolic repeat of having said "no" to the rapist and not being heard.

"I did try and I did see a counselor (regarding the question of an abortion) a couple of times. And she didn't listen to me either. She didn't listen to me, either" (#10,30-31).

Blaming the victim

"At one point, my boss (a woman), about a month after the rape made me stand up in front of other people and inspected the length of my skirt and said you better be careful, you're going to get it again . . . and when I walked by the kitchen staff . . . I had to pass the kitchen to get to my office, all the kitchen staff would start whistling and cheering . . . I have a sexual harassment suit pending against the company now" (#8,40-41).

Her self interpreted meaning was that "It really seemed as though they really wanted to kick somebody who was down . . . It made it worse" (#8,42).

Pat (#4) and two other women talked about being blamed by their mothers for the rape, a "double shaming".

Violations of trust

Heidi found that her husband had been lying to her about visiting strip joints and going to X-rated movies. "Sam was going through a period where he was lying to me . . . and there's that whole trust thing again . . . I knew the trust thing stemmed from being raped by Steve" (#9,36). These experiences made her feel "paranoid about being alone" and triggered hallucinations that the rapist was in her home.

Vera (#5) talked to her roommate about the rape and felt violated that the friend did not honor her request for confidentiality.

Marcy (#8) also noted how men's "cat calls" on the street can activate fear and other feelings related to the trauma.

These exemplars demonstrates how experiences after the rape, which symbolically mirror the rape, stimulate feelings related to the rape. The imagery of the experience such as a break in to ones house, contracting genital warts, not feeling safe or responded to by professionals, and being blamed for the rape by police all serve to retraumatize survivors.

The object relations imagery was altered by the rape experience. The way in which the rape affected the survivor's object relations is demonstrated by the way in which life events take on new meaning. Experiences in daily life that would not have been experienced as violating are

now experienced in this way. Imagery also served as a way of expressing the enormity of the feeling that it is happening again, what is wrong with me. Eighty five percent of the women talked about an experience that was retraumatizing. Fifteen percent or two women did not describe such an experience.

'Remembering'

This is the fourth phase of the process. Remembering is defined as to bring to mind or think of again: to bring an image or idea from the past into the mind (Websters New Collegiate Dictionary, 1980). As the literature notes "The traumatic event becomes encoded in an abnormal memory, which breaks spontaneously into consciousness, both as flashbacks during waking states and in traumatic nightmares during sleep"(Herman, 1994, p.37). DSM-IV (1995). "The traumatic event is persistently reexperienced in...recurrent and distressing recollections of the event, including images, thoughts and perceptions."

Examples of post trauma remembering. "it is just like it is happening all over again. They would just flash, a lot of my memories have been conscious flashes.(#6,20)" "Broken images at first flooded back. It was kind of like a movie on fast forward(#12,23)". "I had dreams and this is where the whole thing came up(#4,11)".

Remembering and memories are a salient element of the post trauma experience. "Memory itself, and the integration

of memories into coherent patterns, are often markedly affected by trauma. Any stage--encoding, storage, or retrieval--may be involved" (Waites, 1993, p. 27).

Two elements of memory are content and process. Semantic memory and episodic memory relate to content. The former is involved with learning and the use of language and the latter to life events with a sense of temporality. "Episodic memory seems to be more vulnerable to disruption by trauma, perhaps because it involves the location of events in time, and time perception is itself often distorted during periods of extreme stress" (Waites, 1993, pp. 28-29). Gaps in memory which result from dissociation result in the loss of continuity and can lead to a sense of "being in pieces". "Memory gives one a sense of control, helps with reality testing, and when autobiographical it becomes an important dimension of identity" (p.29).

The three processes of memory include perception, storage and retrieval. In extreme trauma memories are most often dissociated or repressed for months to years. Terr (1994) writes that for a repressed memory to return, there usually is a ground--that is, a general emotional state and a cue. A cue is a strong perceptual stimulus which can be activated by any of the senses (pp. 12-13). The emotional state is often an increase in comfort related to a decrease in fear or anxiety, for example, being in therapy or changes in life circumstances.

The following accounts are exemplars of 'remembering' and documents the memory processes highlighted above. The first is of Sandy, a wife, mother, student, and a survivor of multiple-traumas of incest and rape. She retrieved memories of the rape experience twenty-five years after it had happened. For Sandy the activation of memories about the rape was a cue or trigger for retrieving memories about childhood incest. The other important factor was the death of her father. These are examples of comfort and cues--important conditions for activating 'remembering'. The following are exemplars of the remembering process.

Sandy describes her experience of remembering the rape.

1) "I was pretty frozen. That's how I reacted to all of them. The feeling was being numb, feeling like you're dead and not having sensations. I remember watching it (the rape) even though we were in the dark, like from the ceiling. I wasn't there. It is like that when the memories come back, the images and stuff, its like from that perspective" (#6,19).

2) "It is very, very hard to have those memories . . . And it is just like its happening all over again. They would just flash, a lot of my memories have been conscious-like flashes. And then they just kind of turn into a scene" (20).

3) "The memories of my Dad, though, I had a dream. They came in through a dream first." She self interprets "it is very interesting, it is like my body's way of preparing me for 'your about to get memory that is painful, so I've had them that way, too" (20).

4) Sandy retrieves incest memories. The prelude to remembering. "I had been feeling really panicked for awhile, and really depressed and suicidal, and I wasn't sure what those feelings were about." Sandy had a friend whom she thought had been incested. "That was what my dream was

about. She is experiencing this horrendous act . . . and I am watching this, but why am I feeling the pain? I was feeling a ripping, shredding pain." "It was about two days later that I had the memories come up that I was two years old and what is so interesting about memories because they are time-framed perfect. It was the fifties, and my dad was holding me, and I'm drinking a bottle, the bottle is the glass even-flow bottle with the black top, you know the nipple holder." During the memory her father was "raping" her with his calloused finger. "I was looking down at this little girl who was just hysterical at having the bottle and daddy nurturing" (21-22).

5) Sandy continued about the clarity of memories, "Its like the piano, the drapes we had back in the fifties, and I see the way the piano was, and I remember the little clock that was there and the rug and it's just, everything is so distinct. Things that I haven't thought about in, you know, 35-40 years, just about. The memory is there and it repeats over and over and over" (22).

6) Regarding another memory, "the color is so distinct, I just trust them all now. Its pretty remarkable. It's like your mind takes a photographic flash and freezes it and everything is so accurate. That's what's so amazing about it" (23).

7) Sandy talks about the painful and physical nature of remembering. "When I was first in therapy . . . I was flooded with so much stuff, it was overwhelming and it was real hard to accept and deal with some of that stuff . . . And you go through the cardiovascular workout where you feel your insides are being ripped apart. It's very painful, excruciating" (24).

A second set of exemplars come from Kate. Kate is a thirty-five year old training manager for a software company. She was raped when she was age 17 and did not 'remember' for ten years. Kate was working in victim services at the time she began remembering. The cue or trigger was hearing about another woman's traumatic

experience. The place was a safe place to remember. "The people I worked with were very supportive . . . in some fated way, I ended up being there when that happened (P#9,14)." Three months later her sister was raped which further stimulated the reexperiencing phenomena.

1) Kate's memories were cued while listening to a women talk about her own traumatic experiences. "I lost it . . . I started blubbering . . . I was incoherent . . . it was hard for me to breathe . . . everything was tense and my head hurt; just everything came flashing back . . . specific memories . . . I remembered the gold velour bedspread . . . that is like a bizarre image at this point . . . for years I couldn't figure out why I didn't like that color" (#12,18).

2) "Broken images at first when it first flooded back. It was just kind of like a movie in fast forward, just kind of blurring, an image of walking in the house, picked, thrown. Motion to it, color to it. I could see it with my eyes open . . . blurred and kind of weird . . . color detail comes back. There was like red and pink flowers in this poster . . . the yellow velour thing . . . The image of the house, the image of him picking me up and throwing me on the bed. I didn't remember any of those things before that" (23).

2) Kate talks about the feelings of remembering. "Just the feeling kind of dead after that (the remembering episode); not being able to respond and deal with any of that. It was a total emersion back to the pain. Also "shock, hurt, anger". "It was both emotional and physical because I, when I'm really upset, I tense and I have TMJ . . . shooting pains through my checks, I can't open my mouth . . . its very painful..my head hurts, my shoulders, I was like this, you know, kind of hunched. It was very hard physically and emotionally to relax" (21).

3) Memories are from the dissociated position. "I can see myself laying on the bed . . . It was for me on the outside . . . but then I have other images where it was me looking out and that was my hand on the gold cover and then him above me and him holding me and yanking the jeans . . . The ones on the outside were easier

because it was kind of like watching a horrifying movie," and she self interpreted," a way of putting distance, a wall . . . being afraid to feel what it would . . . It's protective. Its my little cocoon. My little plexiglass wall between me and what happened" (37-38).

Judy talks about the importance of the painful remembering process. This is an exemplar of her experience.

1) Judy's flashbacks were cued when she had sex with her husband. She self interpreted that "I think the flashbacks are very helpful for me because I want the information. I want to know what happened. I don't want all those empty years in my life that I don't remember. I want to know what happened" (#7,25). She also talked about the "pain that I've gone through" (44). Judy is a survivor of incest and rape.

Heidi is a survivor of date rape. She was in high school. Her anger and pain did not allow her to forgive the friend who raped her. She talked about having dreams and visions six to seven years later when her husband was lying to her. These visions brought her to therapy.

1) Heidi self interprets "I think what triggered it was just being married and moving to a big city was stressful for me and my husband and I started having problems" (#9,31).

2) "I would imagine when I was alone that the spirit of the rapist or his ghost was visiting me, and still asking me to forgive him . . . he was just hanging out . . . I didn't feel threatened by his presence at all. I just felt he was asking me, groveling again, for something that I wasn't ready to give him" (37).

3) In these experiences "I'd go through the story like I told you and I might stop the movie at a particular point and then my mind goes off on a tangent from that point. Like I just think it's hilarious that I would just be looking up at him with my eyes open and he wants me to close my eyes . . . It's a movie that's kind of rolling . . . except I'm never the person, I'm never me . . .

it's been awhile" (53).

Jan is a survivor of stranger rape. She was a senior in high school at the time of the assault. She talks about a ritual and her experiences with visual, affective, temporal, and physical flashbacks.

1) "For probably three to four years after the rape, on my way to work. It was a ritual. I'd start at the mall and I'd finish at the police station. And it would be very important that I'd remember each and everything, every detail. And it was very important that I'd finish. It's like if I got distracted by something that was going on on the road, I had to pick up and hurry through the beginning to get to the part where I ended and it had to go from start to finish. And I would replay it day after day after day" (#10,39).

2) Jan self interprets a ritual process. "All I can remember is that it was very important for me to remember every detail." At that point "feelings were not attached to that" (43). "See for me, it was very important to remember to go over and over the things." She interprets, maybe it was so important to me because I had no feelings. I dissociated myself, but I had problems with feelings before then too" (57).

3) Jan experiences ongoing flashbacks. "Some times, like I said, visual flashbacks or sometimes feeling flashbacks". Jan was locked in the trunk of her car after the rape. "there's been times where people have opened the trunk of a car--you know, I go looking to buy a car . . . and I'm like, well, he's going to kill me. Do I want a trunk? So it's like a trunk obsession . . . I open the trunk and you're expecting to see yourself there" (39).

4) "Sometimes it happens during intercourse and when it's dark. I kind of freeze up and I stop. And I have to open my eyes and I have to--because I might be drifting away somewhere" (39).

5) "I have time flashbacks". Jan went to a 'Take Back the Night' rally and "I was reading the T-shirts and I was back . . . there's some times where I see his face" (41).

6) Jan experiences physical flashbacks. "Like, when I was telling you the story, some of the time I was there. Your heartbeat changes . . . your breathing differs. I can see the stone parking lot, you know. I can see the Jewel inside. It's like I can see it" (41).

7) Jan describes the way her flashbacks effect her. "You really can't tell anyone or explain it to anyone because it could happen at a flash of a second. And it can go away just as fast. And you kind of feel uneasy afterwards, like you know, where--am I on steady ground . . . So you really can't explain it to anyone. You just work it through" (42).

The concluding are shorter descriptions of other participant's remembering experiences.

In the her interview Marcy said, "I feel the tears real close because I'm afraid I will remember more of what happened . . . It is scary to think about remembering more . . . it is painful and frightening. When she remembered "Everything was there, it's like hitting the right key on the computer" (#2,8-12).

For Sarah the flashing back began when she started therapy not an uncommon experience. "I had flashbacks and nightmares" . . And she self interpreted "it is the body's way of getting them out" (#2,3).

Pat remembered the pain, "the physical pain". Pat was newly married. "I had dreams and this is where the whole thing came up. I dreamed that he was bludgeoning me to death". Also she noted that memories of the rape were re-experienced when she had a miscarriage" (#4,11-12).

These multiple exemplars of 'remembering' describe and document the processes of remembering. For example, remembering is often from a dissociated position and frozen feelings may accompany it. The prelude to remembering can be in the form of depression, panic and suicidal ideation. Feeling flooded by images and feeling as if you are watching

a horrifying movie are examples of the nature of this process.

The internal process is the reexperiencing of the experiences which had been repressed and dissociated.

Imagery is the phenomenology of this phase and includes a wide range of images including visual, affective, and tactile. Kinds of images including flashbacks, nightmares, dreams, eidictic images and hallucinations.

The biophysical nature of this process including the pain and the "cardiovascular workout" is also described with participants self interpreting the meaning of the experience as "the body's way of preparing me" (#6) and "its the body's way of getting them out (#2)."

Three categories were established related to remembering: 1) continuous from the rape included fifteen percent or two women; 2) lasting emotional reactivity included fifteen percent or two women; 3) dissociating and reexperiencing included sixty eight percent or nine women.

'Mourning'

Mourning is the fifth phase of the process. Loss is the precursor of mourning and was a dominant experience of the participants. Loss is defined as being deprived of or coming to be without something that one has had, in this case an important aspect of the person's lived experience.

Mourning is defined as the expressed feeling of sorrow or grief related to those losses. American Psychiatric

Glossary (1991) defines mourning as a reaction to a loss of a love object (important person, object, role, status or anything considered part of one's life) consisting of a process of emotional detachment from that object which frees the subject to find other interests and enjoyments.

The literature notes that "Mourning is regularly the reaction of a loved person or to the loss of some abstraction" (Freud,1917). "Stress situations involve losses, even if only the temporary loss of the illusion of invulnerability that is involved in every misfortune" (Krystal,1988,p.). "Reconstruction of the trauma requires immersion in a past experience of frozen time; the descent into mourning feels like a surrender to tears that are endless" (Herman, 1994, p.195).

Examples of loss and mourning: "When I think of loss I think of death" (#1), "The sense of loss is very deep" (#8), "grieving is hard to do" (#1), "It's the heavy heart feeling" (#9).

A question about significant losses prior to the rape was solicited from the participant early in the interview as a way understanding pretrauma sensitivity to loss. Only one woman identified a major loss prior to the rape, the sudden death of her father when she was eighteen. The four women who had had experiences of childhood abuse and incest identified the loss of a childhood as very significant. However, for Vera and others that she speaks for "I did not

feel I had major losses. The rape was the major trauma of my life" (#5).

"Trauma inevitably brings loss. Even those who are lucky enough to escape physically unscathed still lose the internal psychological structures of a self securely attached to others Since so many of the losses are invisible or unrecognized the customary rituals of mourning provide little consolation (Herman, 1992, p. 188)."

Remembering is the gateway to mourning as it allows survivors to remember the experience, to identify losses, and to experience affect. In the following the participants document loss and mourning.

The following are exemplars of the participants experience of loss.

1) "Yeah, there have been losses. I guess when I think of loss, I think of death. I lost a lot of time, I lost friends" (#1,3,14).

2) "I feel this sadness and it feels like a deep sadness or loss." In the past "I didn't let myself cry" . . . Marcy is tearful in the interview "I never get all the tears out" (#2,20,24).

3) Sarah's "sense of loss is very deep . . . I lost eight years of my life, I feel victimized. Loss of time, loss of the feeling of control (not being able to defend myself, to be smart enough to stop it), loss of a sense of safety, loss of self worth, loss of relationships with family and friends . . . I lost my soul . . . the happy, trusting, loving person I was. I was someone who loved other people, liked to help them . . . and now I don't" (#3,6).

4) After the rape, "I couldn't really grieve . . . there is sadness and loss . . . its the loss of a dream stuff . . . the loss of myself . . . sixteen

and seventeen were the best years of my life. Dad's death was very hard and mother was in the hospital and I almost lost her . . . when losses come up the rape comes up" (#4,15).

5) "I don't feel I have had major losses in my life. The rape was the major trauma of my life" (#5,3).

6) For Sandy, also a survivor of incest, the rape retraumatized once again. "I was losing with myself, with my identity, of uhm an entire lifetime, a quarter of a century, you know. Twenty-five years of just missing out on so much, you know, just relationships with people . . . and just not feeling comfortable period, in any situation. So that was a loss of life really . . . I think it (the rape) has been grouped in with everything" (#6,48-49).

7) "I think I have lost my childhood. I definitely lost being a child. I wasn't able to do that. I have a pen in my purse that says it's never to late to be a child" (#7,34).

8) And Martha "There's a lot of loss, sadness and loss. More I think than most people realize . . . I studied it at school, and there is no way that I would have been able to realize how deep it really goes and how much it affects people" (#8,68).

9) "Its just like the heavy heart feeling . . . It's still there . . . I just feel even though that I'm doing better . . . there is something gone..He took the obvious away from me . . . this is the other obvious thing that it's just like street kids. They learn this mistrust of everyone and maybe that's it . . . it's not easy going through life not trusting" (#9,44-46).

10) "A loss of part of me, the innocent--loss of trust . . . cause I trusted people in general . . . The innocence is gone" (#10,55).

11) "Part of me was lost, like a robbery, something of yourself is stolen for the rest of your life" (#13,6).

The following areas of significant loss were identified by the participants: loss of my soul, a lost sense of myself, loss of safety, trust, and loss of control of my

life, loss of time, loss of virginity and innocence, loss of vitality due to depression, loss of friends and the ability to socialize, loss of health, loss of job and the loss of a dream.

The following are exemplars of the participants experience of mourning:

- 1) "Grieving is hard to do . . ." (#1,16).
- 2) "It is difficult to mourn . . . I feel this sadness and it feels like a deep sadness . . . (she was tearing) . . . I never get all the tears out" (#2,5,24).
- 3) "Mourning is about a lost dream and image of myself . . . when loss comes up the memory of the rape comes up" (#4,15).
- 4) "I mean there is just so much to mourn and so much to grieve, Uhm, god, I cried for like almost two years" (#6,48-49).
- 5) "The other day I was so sad . . . and crying. It is all the hurt coming out . . . There's a definite mourning process" (#7,26).
- 6) "The rape left me with a heavy heart, it's still there but I am doing better . . . but I could still dwell on the rape and get sad" (#9,53).
- 7) "I felt hopeless. I felt very hopeless. There was no way out. I was in a big well . . . and during a Take Back the Night rally , I was reading the T-shirts and I was, like, back to where I, you know, tears were coming to my eyes and I was back to, like, the suicide note, you know, how I felt during the suicide note. And there's some times where I see his face" (#10,54).
- 8) "I cried a lot, alone, curled up in a fetal position . . . closing everything off but I never cried in therapy" (#11,58).
- 9) And lastly, "I think I was sad for a long time after that because even now I remember people asking me are you okay? You know, you're not quite yourself. I was always very bubbly . . .

Some of the effervescence was gone as one of my friends would describe it. I think that part of that changed because I was sad. But I wasn't dealing with anything. I felt like I had let myself down, I had trusted the wrong person . . . a loss of my own ability to pick out safe people, people I could trust...I don't think I knew it at the time. . . that I was really sad for a long time after. Because I was so upset and you know, the horror and the pain, and I was angry as anything for a while . . . but kind of coming through that and realizing . . . and feeling really sad and really out there and raw. And then starting to work through some of that and getting pissed off and, you know kind of like bring him on, you know" (#12,57-58).

In this phase the participants are in different stages of mourning. The theme is of loss and mourning is the natural response to it. The intrapsychic task is that of grieving, detaching from lost objects and reestablishing interests and enjoyments.

The survivors work with imagery in the process of mourning as the process involves emotionally detaching from lost images of the pre trauma self, body, other and world. It also involves beginning to recreate and to construct new imagery related to the entire self world.

The imagery was also descriptive of the painful feelings of this process, as in a "heavy heart" and "curling up in a fetal position".

All of the women in the study talked about loss, sadness, or mourning.

'Healing'

The final phase of the "surviving rape" process is 'healing'. Healing is defined as to make whole or to

restore to health(Webster's New Collegiate Dictionary,1980). The literature suggests that "It is important to note that, suffused though it may be by the strongest emotion, redefinition of self and situation is not mere release of affect but a cognitive act on which all else turns. It is a process of realization(Parkes,1972), of reshaping internal representational models so as to align them with changes that have occurred in the bereaved's live situation (Bowlby, 1980, p.94).

Examples: "I'm on the other side(#1,14)", "I'm remembering and healing in little pieces(#6,24)", "I am trying to reconstruct myself(#3,7),"Being whole is like the sweetest feeling I have ever known(#6,59)".

For some this process is beginning and for others it is almost complete. For all it is a process of putting the "shattered" self together after the rape, a reconstructive process. The following are three exemplars of the healing process as described by Martha, Kate and Sandy.

The first is Martha's account of ways she found to heal from childhood sexual abuse and the rape.

1) Martha heals by helping. She helps her stepsister who is the same age as she was at the time of abuse . . "when I think of myself at that age, I really felt totally, I felt alone. I felt like I didn't have anybody. And I don't really want her to have to go through that" (#8,13).

2) Martha heals by enactment--a visit to her family home. "I've done a lot of work with it (sexual molestation) . . . I went back and walked through that town, to the two houses that we had lived in, the school that I had gone to, my

grandfather's farm, I guess, I came to peace with a lot of that stuff . . . Martha visits her home . . . "a lot of the abuse happened in the basement . . . I asked her (the present owner) if I could look in the basement and she said, actually, I would but we had a fire there a few year ago and it all burned. It all burned down. And that in itself was healing for me. That was kind of a closing thing I did for that" (#8,19-20).

3) Martha uses creativity to heal. She plays on the play ground of her childhood. "I normally do a lot of art work, I brought along stuff to draw just in case I felt--because a lot of times I have a hard time with words, and so I draw . . . But I found that I couldn't even draw. So I had a camera and I just took pictures of certain things, like from certain angles like from the point of view I would have as a three year old. As a six year old, from the playground on top of the monkey bars. I spent part of an afternoon, I was there for two days, and I spent a whole afternoon playing in the park . . . that park was a safe place for me" (#8,21).

4) Martha confronts by going to court related to the rape at age 25 but her assailant was not prosecuted. When ask if it was healing, "Actually it was. Because he had to be there. He didn't take the stand at all. And you know how you can tell when people believe you and when they don't? Well, I really felt like everybody in the courtroom believed me when I testified. But he had to sit there and hear all those things . . . be called a rapist . . . at one point he started crying" (#8,46).

5) Martha talks about her vulnerability. "I've made some necessary changes. I mean, I realize that there's never any guarantees, but I can look at it and see some ways that I was vulnerable then, that I'm not now . . . I learned to, I guess, set stronger and firmer limits with people and stick to them. I'm able to tell people what I need more now. And it isn't just asking for a favor, it's telling them with the expectation that it will be done. And that's the difference" (#8,46,49).

6) Martha interprets the way she was before the rape and the way she is now. " Then, superficially, I think I had a better self image.

But on a gut level, I didn't. I mean, I was in a job I didn't like and was really making no effort to get out of, in a relationship that was destroying me, that was eroding my self esteem and really making no effort to get out of that either . . . the image that I have is just being, like swept along downstream and not really grabbing onto anything . . . And I guess now, I'm standing up. You know the water is still swirling around me and I have to fight it. But I'm better able to do that . . . I think inside, deeper down, I'm stronger now than I was then. And some things are rougher" (#8,50,51).

7) Martha has surgery. ". . . the scar is fading. It won't look as bad for the rest of my life as it looks the first year. And I had a hard time believing that. But I'm just now starting, like in the last month or so, it really has started to fade. That's helping too, seeing that it's fading. And the pain is gone. I mean, I don't feel pain" (#8,57).

8) Martha has a positive relationships. "I think there is another thing that has helped me heal. Having a man that's been a positive influence. In reality all of the relationships that I have now with everybody, with friends, with co-workers, they're all positive , which is another change from then . . ." (#8,67).

9) Martha learns to validate herself. "I think, if I'm honest with myself and not harsh, I think I have done a pretty good job . . . I'm still able to function, I hold a job . . . I have always thought that things, if I didn't like something, even from when I was a kid, I thought this, that if I didn't like something I could change it or get out of it, that it didn't have to be that way" (#8,72).

10) Martha talks about taking control in relation to civil and criminal suits and her surgery. "Taking control . . . that's another thing that has helped. When I did that by going ahead with the legal . . . also, I felt better when I took control, when I said, okay, this is what I will accept being done to my body and this is what I won't . . . it is still hard, but I felt better about it. I was more able to cope with it" (#8,73).

Kate's account is the second exemplar of a healing process.

1) Kate experiences anger as the beginning of healing. "It's like bring him on . . . So really feeling much more empowered and I'm not going to let anyone, you know . . . I actually kind of resolved a lot of it already, and but just thinking about it over the years . . . though I remember the sadness, I remember the pain, it doesn't hurt anymore. I mean it's just remembered loss and all that" (#12,63).

2) Kate self interprets the rapist's point of view. "I decided that he just didn't realize. He just didn't have a clue . . . he didn't have a clue" (That it was rape) (63).

3) Kate compares her rape to a friend's rape that was more violent. "That put things in perspective for me realizing that this could have been a hell of a lot worse. You know, it really could have been and I think that part kind of helped me anchor and put things in perspective even though I was angry and hurt and dealing with it all . . ." (65).

4) Kate talks about the time it took to heal. "It was probably from the date it started (that is the memories, the rape was ten years before that) 'til it finally got to the point where I could talk about it and the pain wasn't there anymore, it was probably two and a half years" (66).

5) Kate finds the interview helpful. "Just putting it all together at one place at this point because, of course, when you're in therapy you do it in such pieces over such a long period of time. And then having some of those feelings back--now and not having them. It's kind of funny to talk about it on an intellectual as well as an emotional level" (76).

An increased ability to sustain oneself through the remembering process is a sign of healing. Sandy a survivor of incest and rape documents this.

1) Sandy describes increased ability to deal with remembering. "I just have to wait and see. Some

of it I have to like put on hold. If it's not real clear, it's this tiny little piece, I just, I don't dismiss it, I don't fall apart and I'm not devastated for days and days anymore. It's like, okay, here's another little piece. It's just more, I guess I don't try so hard to repress anymore and keep them down. They're not as devastating. I remember when I first started therapy . . . I was flooded with so much stuff, it was so overwhelming and it was real hard, real hard to accept and deal with some of that stuff" (#6,24).

2) She self interprets the function of memory in healing. "The only thing I could tell people is just believe the memories, because that was real hard for me is doubting. And it doesn't do anything for your recovery to doubt them because in my experience, their totally accurate . . . I mean things, the wallpaper when I was a child, I forgot I had wallpaper. And it's like I could see it vividly, and I knew exactly what color it was . . . You know it is that kind of thing, because the memories will come to you when you're ready and not before. It's like your body's way of trying to integrate the whole process" (#6,53).

3) Sandy describe the healing process and its rewards. "It takes a lot of courage to heal from trauma, but it's worth the effort. And I guess sometimes, we feel real hopeless, but you know, if you get the help from a good therapist, if you have a good support system, there's such a new and powerful you, that's the reward that you'll get from all the pain . . . if you can get through the shame and blame . . . Being whole is like the sweetest feeling that I've ever known, and it's like the best gift that I've given myself. So that's sort of what I want to pass on" (59).

4) Sandy wants to continue to heal by helping others. "I really want to work with women who have been abused, cause I have such a tonic air" (60).

These three exemplars present the many ways the participants found to heal themselves.

The following exemplars present the participant's description of where they are in the healing process. Each

number represents a participants unique experience.

1) "It's been a long process . . . Eight years after marriage, divorce, and therapy and now being engaged, I'm so far removed from it, even though I can still react to it, but I'm beyond it . . . I've gotten strength so say, yah that did happen and I need to move on. I'm on the other side now. I'm a different person now. Talking to others takes the power out of it. My perspective in life changes, I'm more positive, I look forward to things" (#1,12-15).

2) "I don't dream much anymore. It's not difficult to talk about it her . . . I think coming here and talking with my therapist had helped me regain part of myself image . . . but I don't feel like I am well" (#2,22-23).

3) "I feel that the memories and images function is to help you heal . . . it's the body's way of getting them out . . . I am trying to reconstruct myself" (#3,6-7).

4) "Something going on right now, I have a desire to connect with my mother (who did not accept Pat's experience as a rape). I want her to be a part of it. Pat has endometriosis and is presently working with a massage therapist. "I am thinking about that our physical body retains things and wonder if endometriosis is caused by the rape experience . . . but maybe I'm getting too intellectual" (#4,14).

5) "I think with the divorce (Vera said she married to feel safe after the rape) I had to go through a big discovery of myself and I knew that self had to be more defined . . . the conflict was about minimizing myself and being compliant" (#5,15-16).

6) Heidi attend a group. "I felt very individual and alone . . . finding out that others had similar problems was very helpful. The important thing to remember was you can't put things on a hierarchy. . . a hurt is a hurt. I was just a simple date rape. . . the affects were all the same . . . the different stages we all went through are the same . . . you know the antisocial stage, the swings from drinking to no drinking and socializing to just try to sleep or be with everyone . . . we were all affected the same"

(#9,59-61).

7) Healing by forgiveness. Heidi also had feelings of revenge towards her rapist (a common response) but then, "I found out that he did have kind of a hard life . . . his Mom committed suicide . . . It made me see him as not as powerful as I saw him before . . . and maybe that's why I wasn't afraid of him . . . so when I finally did (forgive him), then I haven't felt him around in a while . . . It was my way of imagining he cared" (#9,61-62).

8) Judy is healing through her work with children. "I think it helps me a lot. I work with young children because the younger children are more forgiving, more loving, they give you more" (#7,34).

9) Lori talks about time and change. "I would say hours after the incident all the way through to a year later things just started slowly getting back where they were supposed to be . . . I look at myself then as a different person . . . and just realizing how far I've come now, I just feel that time, it was just not who I am today. I wouldn't--I wouldn't get myself in that position" (#11,34,50).

10) Jan shares her healing. "It probably took quite a while in therapy before I could attach feelings . . . I guess I'm more somber now, but perhaps that goes with age . . . I do not live my life in fear. I'm not afraid to go to the mall at night. That has never changed. The rape experience made me more aware of my feelings and accepting your feelings . . . so that's much different and I'm pleased with myself" (#10,49).

11) Jan became a rape crisis counselor, "turning something bad into good" (#10,58).

12) "My boyfriend didn't know me before the rape, and I tell him I am a completely different person than I was then. I am much more in touch with my feelings and much more comfortable with myself . . . that's another good thing. She also noted an increased feeling of safety and confidence" (#10,59).

The women shared the ways in which the internal process of healing, the process of being made whole is taking place. This is taking place through: helping others, involving oneself in an enactment, creativity, self empowerment,

acknowledgement of personal vulnerabilities, addressing changes in oneself before and after the rape, having the ability to make positive changes in ones life particularly in relationships, taking control, acknowledging limitations, releasing anger, releasing fear of trusting, forgiveness, understanding the perpetrator, comparing ones experience with others, mourning and accepting that it takes time to heal.

The theme of this processes is one of restoration, of putting the shattered pieces of self back into place. Each woman is in a different place in this process.

Imagery in this phase serves as a conduit for healing. Examples include remembering, creativity, through enactment and changes in object relations. All of the women in the study described some form of healing. This is the end of the presentation of findings of the six phase process "Surviving Rape".

CHAPTER V

DISCUSSION AND IMPLICATIONS OF THE FINDINGS

Introduction

This chapter will discuss the implications and significance of the findings. The three content areas to be discussed are: imagery, predispositions, and the six phase response process. The first section, imagery, looks at the role, function and meaning of traumatic imagery and changes in self image related to self, body, others and world. The second section on predispositions examines family culture, parental relationships, abuse, and the age at the time of the rape. The third section addresses each phase of the process of surviving rape and the role of therapy.

For this researcher the meta-image of this study has been the women's strength and generosity. The participants are truly survivors. They shared of themselves generously and openly, which has left the researcher deeply touched and awed by their courage in the face of rape and its effects, by their abilities to honestly observe themselves and interpret their extraordinary experiences, by their tenacity in the face of painful and disturbing memories, and by their strength and persistence to do what is necessary to heal.

The following discussion addresses the research

questions and the following six guiding hypotheses of the research (See page 69 for research questions).

- 1) The rape trauma disrupts the survivor's object relations in significant ways and the meaning of that disruption can be understood by looking at the survivor's imagistic experience, because object relations are seen as unconscious mental images which have an affective component and constitute the basic psychological self.
- 2) The symptoms of the rape trauma elaborate conflicts, and these conflicts can be understood by exploring the survivor's imagery related to their symptomatology.
- 3) Survivor's of trauma experience loss and mourn that loss partly through imagery.
- 4) Survivors experience a range of imagery, and the content of that imagery will shift and change during the post traumatic mourning process.
- 5) Some of the symptoms of post traumatic stress serve adaptively to allow the psyche to re-organize its objects relations, resolve conflict and aid in the mourning process, while other serve defensively and maintain the traumatic state because they inhibit mourning.
- 6) Personality structure and the way in which the individual views self and world will influence the severity and course of post trauma stress reactions and

its resolution as described by the participants.

Sample

It seems important to note again that the study sample was a fairly homogeneous one: Caucasian, educated (all but two women had completed some college and four had masters degrees), eleven of the women were working, one was in school and one had worked but was not at the time of the interview. Two of the women lived in the city of Chicago and the rest of the sample lived in suburban areas or a mid-sized urban community.

Imagery

Introduction

A review of traumatic neurosis or posttraumatic stress disorder reveals a relative neglect of the role of posttraumatic imagery. The broad range of imagery has not been recognized, nor its role in the disorder adequately formulated (Brett and Ostroff, 1985).

This study found that imagery does play a significant role in the traumatic experience. The imagery under discussion is traumatic imagery or imagery that has been activated by the rape event. Traumatic imagery is associated with powerful emotional states. In this study imagery is defined as any thought representation that has a sensory quality and is not limited to visual imagery.

The range and types of imagery experienced by the survivors was one of the areas of exploration. The text of the interviews revealed that a range of imagery was

experienced by the survivor's including thought images, eidetic images, pseudo-hallucinations, hallucinations, illusions, dreams, nightmares, flashbacks, and symbolic enactments. The content and meaning of the imagery was highly individual but strong themes showing similarities were also revealed by the textural analysis.

Brett and Ostroff (1985) point out that the personal and clinical importance of imagery has been underestimated for both general therapy clients((Singer and Pope, 1978) and for PTSD sufferers. The researcher agrees with this premise.

An exception is Horowitz's(1976,1983) theory which does address both. Horowitz's study focused on the role of imagery in stress disorders. For PTSD suffers he sees traumatic imagery as a part of the intrusion period of his stress response syndromes. Imagery during the intrusive phase takes the form of flashbacks, nightmares, or intrusive thoughts often accompanied by overwhelming affect. He notes that traumatic images are usually visual, vivid, recurring and unbidden(1976).

Most writers who refer to imagery(McCann and Perlman, 1990; Horowitz, 1976,1983; Krystal, 1988; Janoff-Bulman, 1992) discuss imagery as the most important portion of traumatic memory. This work has extended the exploration of traumatic imagery beyond its role in memory and has looked at traumatic memory as one role of imagery in the

trauma response. Brett and Ostroff(1985) state

there has been a failure to appreciate the role of imagery in clinical theories of post traumatic stress disorder...and suggest a model of PTSD that includes the basic dimensions of repetition of the traumatic imagery and affective and somatic states, as well as, the defenses against them would lend coherence and focus to both clinical and research efforts(p.424)

This study may have contributed to that need.

The Adaptive Role of Imagery

A conclusion of the research was that the role and function of imagery was an adaptive one throughout the traumatic process. In this study imagery was viewed as a salient aspect of the traumatic responses. The responses to trauma have, however, often been viewed as pathological. A number of theorists (Freud, 1920; Kardiner & Spiegel, 1947; Krystal, 1984) have posited a pathological interpretation of responses to post traumatic stress. While clearly not all responses are imagistic, flashbacks have been a part of the focus of these writers. Freud (1920) saw the ego overwhelmed and adaptive capacities disrupted which lead to the primitive defense of "repetition compulsion" (Brett & Ostoff, 1985). Kardiner and Spiegel (1947) saw adaptive failure as primary. Krystal (1984) postulates surrender patterns in adults and focuses on adaptive failure in the face of overwhelming threat.

Others have suggested that the role of imagery is adaptive. For example, Horowitz (1976), talks about intrusive images and information processing, "In spite of

the conscious experience of intrusiveness, however, the end result might be adaptational(p.102)." While adaptive this is a painful and difficult process. Herman(1992) describes the fear and ambivalence of survivors

Reliving a trauma may offer an opportunity for mastery, but most survivors do not consciously seek or welcome the opportunity. Rather they dread and fear it. Reliving a traumatic experiences, whether in the form of intrusive memories, dreams or action, carries with it the emotional intensity of the original event..Because reliving a traumatic experience provokes such emotional distress, traumatized people go to great lengths to avoid it. The effort to ward off intrusive symptoms, though self protective in intent, further aggravates the post-traumatic syndrome, for the attempt to avoid reliving the trauma too often results in a narrowing of consciousness, a withdrawal from engagement with others and an impoverished life(p.42)

Janoff-Bulman(1992) suggests that

In reliving the traumatic event, the victim once again is forced to confront the two aspects of the experience: the actual ideas and images, and the fear anxiety associated with these cognitionsThese views suggest that intrusive thoughts and images are adaptive because they result in a diminution of distressing emotions(p.105)

These authors support the findings related to the adaptive role of imagery knowing imagery is disruptive, feared, and painful. It is with this spirit and concurrence that the study saw imagery as helping the survivors adapt and heal.

The participants noted the following adaptive functions of imagery: imagery helps in the healing process; imagery helps the body integrate the effects of the trauma; imagery helps restore a sense of continuity of the self

through the process of remembering what was lost through repression and dissociation.

Imagery, also, played a role in each of the six phase response process. In the first phase, getting through, imagery protected the survivors through the defense of dissociation; in the second phase, responding, internalized images related to the rape experience resulted in conflict and symptoms and reflected the symbolic meaning of that conflict. In the third phase, being retraumatized, imagery mirrored experiences in daily life that symbolized the rape which were often retraumatizing but frequently lead to memories and treatment; in the fourth phase, remembering, imagery was the key to the reexperiencing of the trauma which helped the individual reconnect with affect. In the fifth phase, mourning, imagery helped survivors experience their losses and facilitated the grieving process; In the sixth phase, healing, imagery allowed the survivors to create new images related to the experience and the self which lead to new meaning and the restoration of a more integrated self.

The study, also, demonstrated that traumatic imagery evokes and uses the senses of vision, hearing, smell, position, and touch (Horowitz, 1983). Imagery functioned for the participants as a communication mechanism between perception, emotion and bodily change (Achterberg, 1985). Images made connections with past perceptions: they are

elaborations of memory traces(Arieti,1976). This was evident in the perceptual cueing and retrieving of memories, in the reexperiencing phenomena, in the formation of syptomotology as a response to the rape, and in the changed object relations of the participants.

Imagery, also, helped the participants from having to adapt passively to reality (Arieti,1976) through the internal dynamics of dissociation, amensia, and absorption. As Singer(1990) writes, "The psychological theory holds that out-of-body experiences are a special state of consciousness and that the experiences are of being outside the body is essentially hallucinatory" (p.21-22).

The Role of Images in Conflict and Symptom Formation

The study demonstrated that internal conflict is created by the rape trauma. Internalized images related to oneself and beliefs about the world are challenged by the traumatic experience. The old established ways of being and the new input are suddenly thrust upon each other and often conflict is the result. A conflict is set in motion due to the incompatability of the new information with established object relations. The area of greatest conflict depends on the individual experience during the rape and the established internalizations and beliefs. Symptoms are the result.

An assumption of the study was that symptoms of the post trauma stress serve adaptively to allow the psyche to

reorganize object relations, resolve conflicts and aid in the mourning process, while others serve defensively and maintain the traumatic state because they inhibit the mourning process. In this study, symptoms served both functions. Some helped in the re-organization process particularly the flashbacks and re-experiencing phenomena. These symptoms helped the women get in touch with the experience so that cognitive restructuring, reframing, new meaning structures and resolution of conflict could be addressed. They also served to keep anxiety at a manageable level or were translated into action.

Symptoms also served defensively as compromise formations. In this way the painful and disturbing issues were held at bay. This inhibited getting in touch with painful feelings and unacceptable feelings related to self and issues of self meaning which are necessary for conflict resolution and in many cases lead to depression, anxiety and panic attacks.

Brody(1974) describes conflict as two opposing forces with incompatible tendencies, e.g., a wish to be independent and autonomous versus a wish to be dependent, or a wish to be passive, and submissive, and compliant versus a wish to be active, dominant and aggressive(p.17).

McCann and Perlman(1990)'s model is based on a similar construct, the notion that trauma disrupts schemes related to central needs including frame of reference,

safety, trust/dependency, independence, power, and intimacy. For example "a rape victim for whom schemes about safety are central will be preoccupied with different aspects and images of the traumatic experience than a victim for whom schemes related to trust are more salient" (p.33). This underscores again that aspects of the trauma will be unique to individual survivors.

Imagery related to symptoms and conflict were represented in the findings by the responses after the rape and exemplified in the paradigms cases.

Object Relations

The study demonstrated that the trauma impacted the object relations imagery of the survivors in significant ways. Object relations are internalized images of self and of self in relationship to body, others, and the world. As the findings demonstrate the rape trauma changed the women's object relations in all of these areas.

The experience of an extreme situation is an assault on and a threat to the entire self. This is the wisdom of theory focused on the self, articulated by Kohut and Erikson, as well as by Harry Stack Sullivan and, much earlier, Otto Rank . . . As I have stated, moving out of the traumatized self into some reintegration of the self constitutes the recovery process (Lifton, 1988, p. 30).

Self Image

Three images relate to the participant's changes in self image after the rape: self as helpless, self as defective, and self as depleted. The perceptions of self were altered by self blame, guilt, shame, decrease in self

esteem, and decreased self confidence. All were effects that depleted the survivors ways of defining and experiencing themselves. They constitute a constellation of effects that interact and supported a negative sense of self.

Image of Self as Helpless

Self blame was one of the most common changes in self image. There are a number of interpretations for why a woman who is assaulted might blame herself. Lifton (1988) speaks of self blame as a result of a failed enactment.

I speak of this as a failed enactment because some beginning, abortive image forms towards enactment ..that is never possible to achieve. One can then describe the idea of an image as a schema for enactment that is never completed. The responses . . . perpetual condemnation (9-10).

Self blame is associated with feelings of passivity, weakness, helplessness and loss of control. The notion of a failed enactment was documented by the participants.

Libow and Doty (1979) in their study on self blame and self derogation in rape victim's found that over ninety percent of their sample blamed themselves in some way.

Self blame is congruent with the normal forms of thought of early childhood, in which the self is taken as the reference point for all events. It is congruent with the thought processes of traumatized people of all ages, who search for faults in their own behavior in an effort to make sense out of what has happened to them (Herman, 1992, p.101).

Janoff-Bulman(1992) suggest that self blaming strategies follow from a positive, adaptive impulse by

victims(125)....and reflects the struggle of survivors to make sense of their victimization(p.125). Janoff-Bulman(1979)'s research on self blame lead to the articulation of two types of self blame, characterological self blame and behavioral self blame. Characterological self-blame is esteem related and corresponds to notions of self blame as associated with depression. The blame here is focused on the individual's character or enduring qualities. Behavioral self blame, on the other hand, is control-related with the focus on acts of omission as in the failed enactment. Both types of self blame were represented in the sample. Looking at self blame from both points of reference adds to understanding of this response.

To blame oneself gives the illusion of control over the event and deflects the intent of the other. In rape it serves to neutralize the randomness of the event and the fear associated with its happening again.

Guilt produces a similar response. Trauma produces essentially what Lifton called "survivors guilt". The survivor feels guilty not the perpetrator. Much like self blame, guilt may give the survivor a sense of control or power over the event as guilt is a feeling that results from activity or lack thereof and the sense or a feeling that some transgression has taken place. To imagine that one could have done better relieves the sense of utter helplessness.

Self esteem was diminished and the rape had a "demoralizing" effect on the survivors. "Self esteem is . . . eroded by the tendency of human beings to reflect the views of themselves held by others. The victim sees herself treated as a object of abuse and contempt; she may then view herself that way (Waites, 1993, p. 10)." The sense of utter helpless and powerlessness experienced by the survivors, also, undermines self esteem at a deep level.

Image of Self as Defective

Shame, on the other hand, reflects passivity, a failure or defect of the whole self(Morrison,1989). Shame is "the hallmark of the defeated self in a state of depletion, the self that has fallen short of its goals (p. 81)." It is also an emotion in response to a negative evaluation of one's self and a deeply painful state which involves a sense of defectiveness, inferiority and inadequacy. Shame leads to a desire to hide and withdraw. Shame, sadly, may also be reinforced by the judgement of others. These responses are well documented in the findings.

Image of Self as Depleted

And lastly, self confidence was undermined due to depression, depletion of vitality, fear, emotional constriction and loss of trust in one's self all as a result of a single violent act.

The participants also talked about the changes they experienced related to self images as a result of the rape.

For some of the women these changes though painful lead to a more authentic sense of themselves. As one of the participants noted she thought that superficially she had a better self image before the rape but at the time of the interview says, "And really, you know, I think inside, deeper down, I'm stronger now than I was then (#8)." But for others changes in these areas continued to be in process.

Body Image

Horowitz (1983) describes the body as a hypothetical construct that operates as a specialized, internal, analog data center for information about the body and environment. It is in a constant transactional relationship with perception, memory, emotions, drives, thoughts and actions. The body images include information about size, shape, appearance, position, and organization of the body and its immediate surroundings.

The two dominant changed images of body were the body as vulnerable and body as damaged. Weight and body image, concealing the body, disconnecting from the body, and body as tainted were ways in which the survivors body image was changed after the rape. The women described feeling better about their body before the rape than they did after the rape.

Waites (1993) speaks of the dilemmas women face in our culture related to their body.

"As girls grow up . . . experience of her body--its desires, feeling, impulses--is often eclipsed by appraisals of her body--evaluations of how it should look and does look (p. 47). Female sexuality presents other dilemma. "Ever since Eve, human anxieties and conflicts concerning sexuality have been blamed on women. Females are constantly subject to the double binds produced not only by their own inner conflicts but by male ambivalence. The result is an inescapable but sometimes maddening mix of social imperatives: Be attractive, but not seductive; be noticeably female but not provocative; be helpful but not controlling (p. 46)."

The social setting in which these women's bodies were violated augmented the confounding nature of rape.

Image of Body as Vulnerable

The issues of weight gain related to body image was common. The underlying meaning of this gain for the women was safety. For the women this meant safety from another attack and was an unconscious way of protecting the self from men and from intimate relationships. These protective measures stemmed from feelings of physical and emotional vulnerability.

After the rape the survivor's felt the need to conceal their bodies. This need came from a need for safety or protection. The women talked about needing to wear baggy clothes that would hide the body. Not wanting to reveal any curves was a common response. Feeling uncomfortable without clothes and ashamed to be seen were other restricting results of the trauma. These resulted from images of the self as vulnerable sex objects and of the body as now more

vulnerable emotionally and physically .

Image of Body as Damaged

Women experienced their bodies as tainted. The dictionary(American College Dictionary,1980) defines tainted as a touch of something offensive, a trace of infection, contamination or the like. It can also mean a touch of dishonor or discredit. The word "spoiled" was also used by a number of women to describe a similar feeling. It elicits an image of a bad smell and something to be throw away. Immediately after the rape taking multiple baths and showers was an attempt to get the smell of the rapist off the skin.

For most it meant much more than a physical tainting. For the women who had been virgins it was seen as a spoiling of the virginal self and the spoiling of dreams related ones first sexual experience. These body images and the mechanisms of self blame and shame left a strong sense of being damaged and no longer being physically or sexually attractive.

A number of the women talked about feeling disconnected from their body after the rape. This involved an uncomfortable lack of awareness of or feeling in the body, a physical and affective numbing, a response to the warding off of feeling or dissociation that occurred during the rape. "Body image is disconnected for me, I don't know if I really have an awareness of my body or comfort with it (#5)." For some, particularly those whose bodies had been

abused before, their body became an object to the self. It was dissociated as not part of the self. "I hated this body. It's like I blamed the sexual aspects of it" (#6).

Self Image Related to Others

Women discover an appalling disjunction between their actual experience and the social reality. Women learn in rape that they are not only violated but dishonored (Herman, 1992, p. 67)

In this piece the object relations refer to real people in the external world and the images of these people that are established internally. There is an interchange between external and internal object relations. The two dominant images related to others were of the self as isolated from other and of the self as fearful of other. As a result of the rape, relationships with friends, men, and family were all effected, not only because of the debilitating effect of the rape on images of self, but also in many cases because of the lack of sensitivity and understanding of others.

Self as Isolated from Other

Isolation from friends and social situations was common and this exacerbated the effects of the trauma as the women were unable to receive validation, support and companionship at this crucial time. The women described losing friends because they were unable to talk about the rape. They were ashamed of being with people and found it difficult to handle social situations. The inability to have fun due to depression, shame and self blame also

restricted social life and lead to "feeling very alone".

Self as Fearful of Others

Fear of men was also noted and included generalized fear of men and a deeply felt loss of trust in men. The women felt the need to protect themselves based on that fear and the fear of being hurt or feeling discomfort about possible sexual intimacy.

Family relationships were also disrupted or distanced because of the participants fear of disclosure. Most of the women had difficulty sharing the rape with their parents partly because so many of them blamed themselves. They were, also, concerned about how parents would react or in some cases the women were completely estranged from their family. One of the women found her mother to be a great support while two others were blamed for the rape by their mothers, "a double shaming". Several women in the study have never told their family.

Image of Self Related to World

Her relationships have been tested and forever changed by trauma; now she must develop new relationships. The old beliefs that gave meaning to her life have been challenged; now she must find a new and sustaining faith ...In accomplishing this work, the survivor reclaims her world (Herman,1992,p.196).

Self as Mistrustful of Others

The post rape image related to the world was primarily that of self as mistrustful of the world and herself. Themes of trust and the need for safety were predominant in the

women's post rape images of their world. This loss of trust in the world as a safe place was deeply felt and mourned. The mean age of the participants at the time of the rape was 19, an age of innocence and trust. "You were out on a date and you felt perfectly comfortable. . . going for a walk at the lake at midnight . . . it was a real loss (12)." The sample unfortunately did not include those women who grew up in poverty and violent neighborhoods where the right to safety and trust is a privilege denied and the view of the world quite different.

Janoff-Bulman's work(1992) is based on the importance of our assumptive world. The core of the assumptive world is abstract beliefs about the self, the external world and the relationship between the two. The three fundamental assumptions they propose are: the world as benevolent, the world as meaningful, and the self as worthy. These assumptions are developed through early childhood experiences and for the most part constitute object relations related to self and world. In this way it can be understood that the trauma cuts deeply as changes in object relations in these core assumptions takes place.

Survivors know all too well that bad things happen, and that bad things can happen to them. They know that the world is not a safe place, that they are not protected, that they are fragile beings....They can no longer maintain an illusion of invulnerability. Consider the response of a rape victim...It's like I've walked through a door. An event like rape separates you from the mainstream. It forces you to develop a personal philosophy; you have to do thinking and searching.

The world is dangerous to me now, I know that really anything could happen. I could die tomorrow (Janoff-Bulman, 1992, p.72).

These are the ways in which the rape trauma impacted the object relations imagery of the women in the study.

Predispositions

Introduction

This section on predispositions looks at the ways in which the pre-rape experiences of the survivors created vulnerabilities or predispositions that affected the course of recovery. Because the researcher was interested in the pre rape object relations of the participants, questions were asked in the interview about the nature of the participant's relationship with their parents and whether or not they had experienced verbal, emotional, physical, or sexual abuse. The age at the time of the rape was also elicited. The qualitative paradigm case analysis established four themes on the background was of being of the participants. These themes are composites that represent the family cultures within which the women in the study developed.

All these analyses shed light on the predispositions the participants brought to the rape experience and created a famililial, psychological, developmental, and cultural context related to the sample of the study. The predisposing factors in some cases increased the degree of

denial, pain, disruption and self blame, but, obviously, these factors did not cause the rape. It is important to understand that survivors differ in their vulnerability, coping mechanisms, and good fortune, and they will differ in how quickly and completely they recover from the trauma of assault(Waites,1993). Each woman's experience with the rape was an individual one.

Family of Origin

Waites(1993) points out that gender is an important factor in child development.

Gender as a risk factor impinges on child development in subtle or dramatic ways. The asymmetry of violent interactions within family--males are mostly perpetrators, females most frequently victims--has profound consequences for patterns of identification in childhood. Throughout development, children integrate their own identity formation through increasingly complex identifications with their parents, most particularly with the parent of the same sex.(p.74)

To gain insight into the participants object relations, the participants were asked, in the interview, to briefly described their relationship with mother and father. Sixty seven per cent(8) of the women gave negative responses such as "critical", "manipulative", "cold and impersonal", "alcoholic", "schizophrenic", "not supportive" regarding their relationship with their mothers. Thirty three per cent(4) stated it was a good relationship. These ranged from "very close" to "good but not real close". The written response was not asked about parental relationships or

abuse.

Three categories related to father were established. Twenty five per cent(3) of the women had negative responses, twenty five per cent had positive responses, and twenty five per cent had changed or ambivalent relationships. The negative responses ranged from "mean and violent" to "don't know him, he left when I was one year old". The positive from "warm, nice, passive" to "we were very close". The changed or ambivalent "we were adversaries now we are close" and "he abandoned me, but growing up I was treated like a special girl"

These responses are viewed as predisposing factors as relationships with primary caretakers have a significant effect on the way in which individuals view themselves and their relationship to others and the world.

Prevalence of Abuse

Experience with abuse was also elicited in the interview. Abuse was also considered a predisposing factor. As noted in the findings, eighty-five percent of the women said they had experienced some form of abuse. Sixty-two percent noted physical abuse, twenty-three percent verbal abuse, fifteen percent emotional abuse, thirty-eight percent childhood sexual abuse, and twenty-eight percent witnessed the abuse of a others most often a male sibling. Any kind of abuse diminishes the self and skews object relations related to others which effects the way in which an

individual experiences and responds to trauma.

Age

Age at the time of the rape was another important predisposing factor that influenced the women's responses to the rape. Fifty-four of the women were age 15-18 years old. Forty-six percent were 20-30 years old with the mean age at the time of the rape 20. In the first group the women were in high school and in the second group they were young adults in college or beginning their independent lives as working women. One of the women was married.

As Herman(1992) writes

adolescent girls are particularly vulnerable to the trauma of rape. The experience of terror and disempowerment during adolescence effectively compromises the three normal adaptive tasks of this stage of life: the formation of identity, the gradual separation from family of origin, and the exploration of a wider social world....Combat and rape, the public and private forms of organized social violence are primarily experiences of adolescence and early adult life...The period of highest risk for rape is in late adolescence. Half of all victims are aged twenty or younger at the time they are raped; Three-quarters are between the ages of thirteen and twenty-six (p.61).

The ages of the women in the study support Herman's assessment and the impact of developmental issues on the women's rape experience. The women who were in high school often "didn't even know it was rape". Because of shame and self blame and other predisposing factors they were unable to speak up and this restricted important relationships with peers. The young adults were either clinging to family and home, were beginning to separate from family, or as some

women described getting out of the house because of what they perceived to be untenable circumstances. Because of this thrust towards independence the women noted that they had difficulty sharing the experience with others, particularly their mothers, and when they did share with a friend it resulted in a betrayal of trust. These circumstances in many cases left the women feeling alone, uncertain about what to do, fearful about being blamed, and blaming themselves.

Background Ways of Being

Themes related to background ways of being evolved out of the qualitative data analysis. The themes that emerged from this analysis were 'learning to be silent', 'not being protected', 'being the strong one' and 'living with a wall'. The name of the themes comes from the words of the participants and represents a way of being in a particular family culture experienced by a number of the survivors. Each of the themes represented is dominant for a number of women in the study. Some of the survivors would fit into all of the categorical themes. Again the intent here was to establish psychological context and predispositions that affected the participants responses to the rape.

The first theme is "learning to be silent". This theme was dominant for four women. All said they had experienced verbal and emotional abuse. Survivors in abusive families have often cooperated for years with the

rule of family silence(Herman, 1992). This theme, as are all the themes in this section, are strongly embedded in the culture in which the women developed and matured.

In their book, Women's Ways of Knowing (Belenky, Clinchy, Goldberg, Tarule, 1986) the authors write about different ways of knowing and the uniqueness of how women know. They write

What we had not anticipated was that "voice" was more than an academic shorthand for a person's point of view...In describing their lives women commonly talked about voice and silence: "speaking up", speaking out", "being silenced", "not being heard", "really listening".."having no words" (p. 18).

This suggests the pervasiveness of this theme in women's lives not just in those who have experienced abuse or trauma. The four women who are strongly represented by this theme had similar backgrounds. All of the women said they had critical or distant relationships with their mothers. None of them were able to talk to their mothers about the rape.

In three of the families there was also physical abuse. One women was periodically physically abused by mother during her rages and in the other cases they experienced their brothers being physical abused by father. These experiences lead to fear and are silencing. "I didn't think there was anyone I could trust."

Their worlds seemed traditional and idealistic, which created a kind of unworldly innocence. It failed to arm

them with a sensitivity to danger or teach them to speak out and or to fight.

Three out of the four women were virgins when they were raped. This augmented the impact of the rape on their dreams related to their sexual self and marriage. It also left them with a deep sense of loss and shame as they had no "voice" during the rape and were unable to talk about it afterwards.

This theme presents the family culture of emotional and physical abuse, of a general tendency to deny problematic elements of family life, and relationships lacking mirroring of feelings and affirmation which left the participants feeling alone and silenced.

"Not being protected " is the second theme and embodies the experience of women who grew up with sexual abuse. For four women this was a salient life theme which impacted their rape experience. All were survivors of sexual abuse: molestation, incest, as well as rape. In their families they were left unprotected. Family was a dangerous place to grow up. Abuse became normalized. In families where there is incest, secrecy, isolation, and restriction of extrafamilial contact, abuse becomes the defining reality (Herman, 1992).

Feelings of helplessness and lack of safety were pervasive. Waites(1993) suggests that many assaults, particularly repetitive assaults by family members, produce

a wider array of post traumatic symptoms including distorted patterns of attachment, pervasive problems of identity integration, and belief systems that rationalize assaultive behavior.

Growing up in a sexually abusive family in which there is no protection also leads to repression and dissociation as a way of protecting oneself. Trauma of all kinds can lead to hypnotic states. There are different degrees of dissociation. It is not just the purview of sexually abusive families. Some of the women in the sample had learned to "make it happen" as way of controlling for potential shock or pain. families.

Furthermore, for some women in this sample dissociation did not stop when the assaults were terminated. It becomes, especially for those who needed to dissociate early on, involuntary when confronted by situations that are perceived as dangerous. The risk of rape, sexual harassment, or battering though high for all women, is approximately doubled for survivors of childhood sexual abuse. A learned dissociative coping style can lead survivors to ignore or minimize social cues that would ordinarily alert them to danger (Herman,1994).

What was protective during the trauma can leave one unprotected in daily life. If women are in a danger situation and dissociate quickly they are deprived of the chance to act on their own behalf and may be sexually

retraumatized.

The third theme, "being the strong one" is represented by two women who grew up with divorced parents. Both were effected by the absence of their father but in different ways.

In the first example, this meant taking on the role of surrogate partner and parent to mother. This gave her a strong position in the family. She was required to take care of and discipline her brother. A difficult task since she recounted that her mother spoiled him. She developed a strong identity and reputation for being a strong person.

The second participant felt abandoned by her father after a difficult divorce in which she and her brother were "placed in the middle". She took a strong stance about not seeing her father and has not done so for twelve years. Having been her father's "special girl" growing up left her as she said "searching for father". During her high school years she described herself a promiscuous, rebellious, and as having the best body of her female peers. Her first rape was in high school.

The first participant responded to the rape in a super human way by fighting and eventually extricating herself from the trunk of a car to save her life. But this consolidation of her identity around strength made the helplessness she felt after aborting a pregnancy from the rape extreme as she perceived this as a weakness. It was

unacceptable to her definition of herself and lead to a major depression.

When the second participant went to college she wanted to change her self image and wanted a healthy relationship. She recounted that she met a guy in a dating bar who had the same name as her father and brother. He was even in sales like Dad. She perceived him as nice and intelligent and she found herself attracted to him. The evening ended in rape. Three men were involved.

This theme represents the difficulties young women may have with their role in divorced families. In the first case, as a "parentified child" the participant's identity was consolidated around her definition of herself as the "strong one" which left her vulnerable. In the second case, the participant's feelings about abandonment lead to a yearning for a father figure which weakened her judgement in her relationships with men.

The fourth and last theme, "living with a wall" was represented by two women who grew up in families in which father was alcoholic. The addiction literature on children who grow up in alcoholic families suggest that they learn not to talk, feel or trust(Black,1981, Woititz, 1983). In the families of these two women, denial, inability to process feelings, and poor communication, "walls", effected the way in which they survived the rape.

The first participant tried to tell her mother about

the experiences she had had, a date rape, in high school. At seventeen she "wasn't sure it was rape", but she described that her mother "put up a wall" and did not want to hear about it. After that attempt, the participant said she "put it back" and the memory of it was repressed for ten years. She didn't remember the rape but lived with symptoms of sadness and fear and had difficulty communicating in relationships but did not know why.

For the second participant, her father was the warmer, more communicative parent but died suddenly when the participant was eighteen. This was the beginning of a series of significant losses particularly related to men.

The rape for her was the loss of a dream especially related to marriage and her first sexual experience. After the rape she felt afraid to tell her mother because she felt she would not understand, that she would put up the wall, and felt it might hurt her. Her mother found out from an other source and became angry with her. This she described as a "double shaming".

The dynamics in the alcoholic family did not allow for open expression of feeling and in both of these cases created walls that cut off meaningful communication and shut off the possibility of an earlier resolution of their experience.

These paradigm cases point out background ways of being that complicated the recovery process.

The three factors documented above, family of origin, prevalence of abuse, age, and the participant's background ways of being helped create the predispositions that the women brought to the traumatic experience.

In summary, these factors demonstrate how the culture in which the participants are embedded neglects, teaches and perpetuates ways of being that create vulnerabilities. Lack of mirroring and attunement, lack of affirmation and support, lack of appropriate boundaries between children and adults, lack of protection from projections of anger, power assertion, and control, and lack of respect for dialogue, for understanding, for empathy, and reasonable resolutions of conflict, anger, and misunderstanding are themes that reflect weaknesses in our the culture. Each affected the participants, particularly related to the areas of family, social norms, male-female relationships, values, and beliefs. They are imbalances that affect the daily lives of all women in subtle and blatant ways.

Madigan and Gamble's book (1989) also talks about the institutional betrayal of victims by the police, medical personnel, the criminal justice system and mental health professionals. Examples of all of these were described by the participants in this study.

An assumption of the study was that personality structure and the way in which the individual views self and world will influence the severity and course of post trauma

stress reactions and its resolution. This guiding hypothesis was considered by looking at the background ways of being of the participants, but there was no systematic effort to determine personality structure or to compare the severity and course of post trauma reactions and resolutions.

The Six Phase Response

Introduction

Not having a voice and not being understood were two themes articulated by the women. As a researcher who was privileged to enter the participants world, an important goal of this work was to give voice to the women's stories and to increase awareness of what it means to be a rape survivor. As one of the women said survival is not only surviving the sexual assault but getting through the healing process.

A six phase process emerged from the analysis of the data. The phases describe the phenomenology of the women's experience from the time of breakdown, the rape experience, through healing. The phases include 'getting through', 'responding', 'being retraumatized', 'remembering', 'mourning', and 'healing'.

Each women's rape and post rape experience is unique and each woman in the study is in a unique position related to the phases of the process noted above. Herman (1992) notes there is no single, straight forward linear sequence

and the nature of post trauma syndromes defy attempts to impose such a simplistic order. Burgess and Holstrom(1974) noted that all victims did not experience the same symptoms in the same sequence. This study supports contemporary views that phases of responding to traumatic events are not linear or rigid, and time and the importance of particular phases vary among individuals.

Phase Formulations

The nature of post trauma stress responses has historically led to phasic formulations as a way to describe the process. (Janet,1889; Burgess and Holstrom, 1974; Horowitz, 1976; Scurfield, 1986; Brown & Fromm, 1986; Krystal, 1988; Putnam 1989; Herman, 1992) The basic concept has emerged repeatedly, from Janet's classic work on hysteria to recent descriptions of work with combat trauma, dissociative disorders and multiple personality disorders(Herman, 1992). It is evident in the literature on mourning as well. Although some writers have criticized phase formulations and claim they lack evidence, the following three phase formulation are common to most, and are relevant to the six phase process noted in this study.

Burgess and Holstrom (1974) conducted the first research done with rape survivors. They identified two phases, the acute phase and a long term reorganization process and also identified. The researchers named the manifestations of rape "the rape trauma syndrome". They

also observed what they called the "silent rape reaction". These were women who had been raped or molested at a previous time, often as children or adolescents, and had not told anyone. "The current rape reactivated their reaction to the prior experience. It became clear that because they had not talked about the previous rape, the syndrome had continued to develop and these women had carried unresolved issues with them for years" (p.985).

Since that time these two phases have been used as a basis for service delivery to rape survivors. Much of the research about the psychological reactions to rape has developed from their pivotal work including this research.

Horowitz's stress response syndrome (1976) is a phasic cognitive processing model. It does not solely address the rape trauma. He does emphasize the impact of trauma on cognitive schemes and the role of defenses, and he focuses on two mental states, denial and intrusion. His formulation has similarities to the experiences documented by the participants particularly in the intrusive stage when flashbacks are activated. He noted denial takes place leading to a more tranquil state. This repeats and he suggests a "working through" process much like the mourning process of this study. Horowitz also talks about the assimilation of cognitive schemes as an important aspect of the termination of the stress responses which is similar to this study's formulation of the reconstruction of new object

relations as part of the healing process.

Herman's formulation, which is trauma based but not a rape specific one, is represented by three stages and establishes central tasks through which recovery evolves. They are establishing safety, remembrance and mourning, and reconnection with ordinary life. These areas were addressed in the study with remembrance and mourning as two phases of the process, with safety seen as an essential concern of the participants and with reconnection with ordinary life viewed as a change in object relations related to others and an important aspect of healing. Herman's stages appear to relate more specifically to the therapeutic process while this study, at least in the presentation of the six phase response, examines the processes themselves.

The epistemology of this study was not designed to investigate the six phases of a therapeutic process: instead the six phases represent the participants' experience as told to another interviewer with a non-therapeutic commitment.

The Six Phase Response: "Surviving Rape"

'Getting through' was the first phase identified by the thematic analysis. 'Getting through' in this case, is the process whereby the individual survives the event as it is taking place.

The three ways in which the participants in the study 'got through' the rape were by dissociation, traumatic

amnesia and absorption. These experiences are classified as hypnotic states(Singer, 1990). "Dissociation can be viewed as a mobilization of spontaneous hypnotic ability in the service of defending against extreme environmental stress(Spiegel in Singer, 1990, p. 127)." This study, partly based on the participant's interpretation, agrees with that conclusion, that dissociation served a protective function.

Dissociation is defined as the splitting off of a cluster of mental contents from conscious awareness and may take the form of out of body experiences. The out of body experience is a common component of near-death experiences, and psychological theory holds that the experience of being outside the body is essentially hallucinatory(Singer,1990) For a number of the women who had repressed the rape experience, when they did remember it at a later date, it was re-experienced from an out-of-body position. Some of the women had flashbacks and reexperiencing images continuous from the rape, and also remember being out of body. An example of such an experience is "I see it happening, and I'm looking up and seeing two people".

Amnesia is the phenomena in which the experience becomes inaccessible to conscious recall. It is exemplified by responses such as "I think I wiped it all out then and there" or I just numbed out, can't even remember what happened after or in between the time". At this time the

experience was repressed. These women lived with symptoms such as fears and anxiety, but did not connect it to the rape since they did not remember the experience.

Absorption was the third way the women 'got through' the trauma. In absorption "the hypnotic experience is one of intense absorption. The focal idea is attended to at the expense of any peripheral or contrasting experiences" (Spiegel in Singer, 1990, p.124). Feelings are set aside in this process. This defense was less frequent. Two examples include one woman who focused on location using the repetition of the phrase "I know where I am " as a kind of mantra, another put her full attention to getting out of the situation. One of the women who used absorption during the rape began to experience the physical feelings she had had during the rape in the interview.

The women in the study were asked to talk about their rape experience, but were not asked specific questions about these hypnotic states. That material emerged spontaneously. Because the extremes of dissociative experience are outside the range of normal experience, several of the women may not have felt comfortable sharing their experience in this area.

These three states are not viewed as pathological but are automatic mechanisms which functioned as a protection. They allowed survivors to "be somewhere else" so that they could physically and emotionally bear the assault and ward off a disintegration of the self.

The second phase of the process is 'responding' which includes the actions and reactions of the participants after the rape. These responses were both short and long term. The responses to trauma have been documented throughout the study. The responses or symptoms were understood as symbolically representing the meaning of the experience, especially a feeling or conflict which was too difficult to identify, to accept, or express at the time.

The symptoms served defensively as compromise formations or were acted out. This inhibited getting in touch with painful feelings and unacceptable issues. The notion of "readiness" was introduced by the participants and is implicated in the 'remembering' process. Finding a safe place such as a therapeutic relationship or a rape survivor's group can create that climate in which readiness occurs and inhibitions break down.

Traumatization stimulates a tendency toward action (Waites, 1993) as a means of relieving a feeling state or as an enactment of that state. For example, the women talked about overeating for safety to protect themselves physically, that is to close the gap between male and female strength or to be less attractive to men. The underlying need to escape was exemplified by excessive drinking, moving, and staying in one's apartment. Depression masked unacceptable feelings of rage, helplessness and loss.

The third phase of the process is 'being

retraumatized'. In this phase the emphasis is on changed object relations due to the traumatic experience. These changes affect the individual's responses to experiences in daily life because they now mirror and repeat the experience of the rape in a symbolic way. For example, to those who have not had an experience such as rape, surgery may be an anxiety producing situation, but for a woman who has been raped it may be experienced as a violation of her body, as a kind of rape. The women in the study whose homes were broken into reexperienced feelings they had had during the rape. These kinds of experiences in some cases activated the process of remembering the rape, which had prior to that time been repressed.

In some cases the term revictimized would be more accurate. The meaning in this case refers to the link between early trauma and revictimization. "There is evidence that survivors of childhood sexual abuse are more likely to be victims of a later crime or accidents (Sedney and Brooks, 1984), rape (Russell, 1986), and domestic violence (Walker, 1985) " in (McCann and Perlman, 1990). The later relates more to the vulnerability of victims of early abuse, who tend to dissociate, to miss social cues, and to internalize abuse as normal. This researcher agrees with Putnam (1989) that "The role of the dissociative process in predisposing victims to repeated victimization needs to be explored more fully" (p.70).

The experience of feeling retraumatized often activated the reexperiencing of the rape.

The fourth phase is 'remembering'. In this phase the memories of the rape that were dissociated are retrieved and reexperienced primarily in the form of affectively charged images in flashbacks and nightmares. The memories are triggered by a perceptual cue that stimulates the memory of the experience. In dissociation the experience had been shut out and this remembering process heals the split that was imposed by the dissociation. This in turn allows mourning to take place.

One of the central debates occurring in the field of posttraumatic stress concerns the question of repressed memories. Psychologist Loftus has been at the center of the debate. Her work conducts "misinformation" experiments which create false details of remembered perception. On this basis she has challenged the legitimacy of repression and the recollection of repressed experiences (Terr,1994).

Terr is on the other side of the debate. While she agrees that subtle attitudes and hints from an interviewer can make a differences, she also stresses that that does not rule out the phenomena of remembering repressed experiences. Terr defines a false memory as a strongly imagined memory, a totally distorted memory, a lie, or a misconstructured impression(p.159). She notes that a way to determine whether someone's memory is false is to look for symptoms or

signs that correspond to the remembrance (161). False memory does not come complete with the findings of psychological trauma-returning perceptions, behavioral reenactments, trauma-specific fears, and futurelessness (p.163). The data of this research reveal examples of all of these evidences of psychological trauma.

It has not been adequately recognized that the debate is a function of ontology and epistemology. Loftus' perspective and research methods are not designed to identify unconscious or preconscious phenomena whereas Terr's assumes the presence of these phenomena.

This research begins from the premise that unconscious motives may be significant contributors to responses in the six phase processes. The epistemology of this research is designed to listen to the participants description of their experiences, including the experiences of these motives and their conscious awareness.

This phase of remembering documented how repressed or dissociated memories are cued and retrieved. For a repressed memory to return there is usually is a ground, or emotional state, and a cue. A cue is a strong perceptual stimulus which can be activated by any of the senses. This research and other writers often uses the term 'trigger' for the same phenomenon. The emotional state is often an increase in comfort related to a decrease in anxiety or fear(Terr, 1994). Stress can also be an emotional state that

cues traumatic memories.

This was not a specific question in the interview format. The women talked about this process voluntarily. The following are examples of cueing and retrieving. One of the survivors retrieved the repressed memory of the rape ten years after it happened. She was working at a victim services program. While listening to the testimony of someone who had been traumatized(not raped) the memories "came flooding back". The work environment created an emotionally safe place, and listening to the trauma story was the perceptual cue. For another woman, a survivor of both rape and incest, the rape memories came first twenty five years after the experience. Sex with her husband triggered the memory of the rape, which in turn cued the incest memories. The emotional state was the death of her abusive father, which created a sense of safety.

Treatment can also create the emotional safety required to begin remembering. One of the women went to treatment because of severe anxiety attacks and began remembering the repressed rape experience on her first visit. Other environmental triggers or cues noted by the participants included a havubg a miscarriage, seeing a television show on incest, a change in season the season when she was raped, and the smell of grass, the place she was raped. winter and the survivors was left the cold trunk of her car after the rape.

The remembering process is necessary for the following two processes, mourning and healing, because without a reexperiencing of the event with affect these processes can not take place. Breuer and Freud recounted that, "To [their] great surprise" the hysterical symptoms disappeared when the meanings were recovered from repression and brought to consciousness, but that "recollection without affect almost invariably produced no result" (Krystal, 1988, p. 137). And as Janoff-Bulman (1992) acknowledge, reexperiencing the event through unbidden images and thought is primarily in the service of the crucial reconstruction process (p. 106). Without remembering there is no mourning. This leads to the next phase.

'Mourning' is the fifth phase of the process. This phase is significant because mourning is necessary for healing to take place. Through the imagery of the remembering processes, the survivor is able to identify losses and also experience feelings related to those losses. With this a grieving process can begin.

Based on Freud's work (1917), an assumption of the study is that there are healthy and pathological forms of mourning. In healthy mourning symptoms are reduced. In pathological mourning, on the other hand, there is an inability to mourn and symptoms are maintained. Reexperiencing the trauma through imagery and experiencing the strong affect that is part of this process is an

important piece of healthy mourning. These experiences assist in the breaking down of the defenses so that the individual can do the important "grief work" for healing to take place.

In pathological mourning the defenses are maintained and block the individual's capacity to complete the mourning process. Pathological mourning interferes with the adaptive resolution of images and blocks the grieving process, and in this case the working through of feelings and conflict can not take place. If survivors are not moving beyond the trauma something is blocking their capacity to complete this mourning process.

Freud's formulation (1917) described mourning as a psychical task that needs to be performed. There is a continuum related to the mourning process which can last from weeks to years. There was no attempt to rate the amount of symptom reduction, but clearly all the women talked about loss, sadness and mourning, indicating they were working on or close to completing the task of mourning.

The traditional view sees mourning as a process of detachment from important objects which frees the person to find other interests and enjoyments. This researcher also agrees with Marris(1984) when he suggests that people work through grief by retrieving, consolidating and transforming the meaning of the relationship to the person(objects) lost, not by abandoning it(p.195). In mourning then the pre rape

imagery of self, body, others and world is mourned and the process of creating new images can begin. This study then finds that without remembering and mourning the process of healing will not take place.

The final process is that of 'healing'. In this formulation healing means symptom reduction and is a process of self restoration. "It is important to note that, suffused though it may be by the strongest emotions, redefinition of self and situation is not mere release of affect but a cognitive act on which all else turns. It is a process of realization(Parkes(1972), of reshaping internal representational models so as to align them with changes that have occurred in the bereaved's life situation(Bowlby, 1980, p.94). This is the essence of the healing process.

For the participants it is a process of putting the "shattered" self together, to make the self whole. This requires the establishment of new object relations in relationship to self, body, others and their world. Helping others, enactments, creativity, confrontation, acceptance of personal vulnerabilities, addressing changes in oneself after the rape, taking control or empowering oneself, releasing anger, releasing fear, taking the risk to trust, forgiving, and accepting that this happened and that it takes time to heal were all of the ways in which the women healed themselves. These process are for the most part revisited again and for most to some degree throughout their

life time as healing deepens.

Herman(1992) describes the survivor.

The survivor who has accomplished her recovery faces life with few illusions but often with gratitude. Her view of life may be tragic, but for that very reason she has learned to cherish laughter. She has a clearer sense of what is important and what is not. Having encountered evil, she knows how to cling to what is good. Having encountered the fear of death, she knows how to celebrate life(p.213).

The Role of Therapy

All of the participants in the study experienced phases of the surviving rape processes and were in therapy. Several of the women had completed therapy at the time of the interview. Based on these findings it is an unanswered question whether the therapeutic relationship is necessary for this process to occur or not, but it was clearly an important factor for the subjects. There is evidence that the treatment relationship had an important impact as the women were able to begin to experience imagery and affect in the safety of the therapeutic environment. The women also sought out treatment for symptoms of depression, anxiety, and as the difficult remembering phase began.

Significant others can be extremely helpful, but shame often inhibits survivors from talking to friends and loved ones, and others can have difficulty understanding or listening to survivors. This can become a retraumatizing experience. Even for trained professionals, working with trauma survivors is challenging, and can be stressful due to

the sensitivity of the survivor to retraumatization and the intense, disruptive, and painful nature of the recovery process.

Conclusions

All of the research questions were answered by the formulations above. The researcher has defined imagery, documented the types and range of imagery, and described the function and meaning of imagery based on the data; has addressed the role of imagery in the six phases of the response; has documented the adaptive function of imagery throughout the traumatic experience; has identified the changes in post rape imagery of self, body, other, and world; and has presented the predisposing personality factors that effect the recovery process.

The study found that imagery plays a significant role in the traumatic experience of rape, and survivors experience a range of imagery. The content and meaning of the imagery is highly individual but strong themes were revealed by the analysis of the text.

The study concluded that the role of imagery was an adaptive one despite the fact that traumatic imagery is extremely painful and disruptive and often leads to symptoms that postpone resolution.

Rape impacted the survivors in significant ways related to self, body, others and world including: self image as helpless, defective, and depleted; body as now

vulnerable and damaged; self image related to others as isolated and fearful; self image as mistrustful of world.

The study found that the predispositions the women brought to the rape were a factor that affected their responses to the rape experience. In many cases they increased denial, pain, disruption, and self blame, but, obviously, did not cause the rape. They included family of origin experiences, abuse, age at the time of the rape, and the background ways of being that emerged from the paradigm case analysis.

The six phase response, "Surviving Rape" found that the 'remembering' phase is central to 'mourning' and 'healing'. The participants described a clear process of repression of the experience in the 'getting through' phase using the defenses of dissociation, absorption, and amnesia. The process of breakdown of the defenses was described in the 'remembering' phase. In this phase memories of the rape that were repressed were retrieved and reexperienced primarily in the form of affectively charged images in flashbacks and nightmares.

The study also found that there is an identifiable process of mourning which is necessary for the healing process. This study does not support the view that people do not get over certain types of trauma. If they do not something is blocking their capacity to complete the 'remembering'/'mourning'/'healing' process.

Implications for Treatment

Creating a safe environment is the first and most important task in the therapeutic relationship(Herman,1992) and was noted by the women in the study. Women feel "vulnerable" and "fragile" and talked about the need for validation.

Clinicians need to be attentive and involved as women feel disconnected and isolated. Lack of responsiveness on the part of the therapist can feel retraumatizing as not being heard and responded to is a strong theme for survivors.

Clinicians also need to be aware of the experiences in daily life that may be retraumatizing such as surgery, an abortion, or a break into one's home. These experiences are often viewed as violations that mirror the rape experience and thus may trigger intrusive imagery in all of the senses.

It is important that clinicians ask about and recognize the long term effects of rape and understand and accept the processes of dissociation and repression that so many women experience.

Anniversaries of the rape experience are important and difficult times for most survivors but with help on the part of the therapist can lead to further healing.

Trauma brings up basic existential questions related to the existence of evil, the randomness of life, the presence of violence, and questions related to the meaning

of life, the existence of God, and ones identity and soul. The struggle to find meaning in the event is of utmost importance, and it is important that therapists be able to discuss these issues and let patients know that they, too, have struggled with them. Platitudes and simple solutions, while tempting since the struggle is painful for the survivors, will not suffice as the therapist will not have been attuned to the depth of this issue.

Using imagery through creativity, as many of the survivors in the study did, can be extremely helpful. Clinicians may want to use drawing, writing, or reenactments in therapy sessions. Women may wish to work in this way on their own. Survivors who are comfortable with it may use guided imagery to transform traumatic images symbolically, a way of restoring a sense of control which often leads spontaneously to mastery imagery.

The study suggests a number of areas for further research. It would be interesting to explore the six phase process further with a larger and more diverse sample. Clarifying the role of therapy in this process by interviewing woman who had been raped but had not been in therapy would also be of interest. The role and use of imagery in the traumatic processes needs to be researched and developed.

APPENDIX A

Forms for Participants and Therapists
Interview Schedule
Informed Consent Forms
Statute 8-802.1-2

SUMMARY FOR POTENTIAL PARTICIPANTS

Essentially this is an invitation to you to participate in a study I am conducting as part of my doctoral work in clinical social work at Loyola University. My dissertation/research project is exploring how women recover from rape. The project has evolved from my concern for the survivors of rape and an interest in imagery in the therapeutic process. It has been observed by myself, other clinicians, and a number of writers that imagery is an important aspect of the post-rape experience. The aim of the study is to explore this piece of the experience with women so that its meaning, function, and role in the healing process can be better understood.

An image or images can be as general as a daydream or as specific as a red scarf. They can be found in dreams, nightmares, or in the form of intrusive thoughts or sensations. People have images of themselves, their bodies, and how they relate to others and the world. Images can involve senses of seeing, hearing, feeling, taste, or touch. They can be just a memory fragment or a sequence of events. Post trauma imagery takes many forms and that is what I wish to explore with you.

As far as the study goes, it is being conducted with women, ages 21-60, who are in counseling/therapy because of rape related symptoms. If you decide to participate it would mean one interview which gives you the opportunity to share your thoughts at your own pace. The interview will take 60 to 90 minutes. It will be audio-tape recorded for the purpose of accuracy and in respect for the relationship between the researcher and you. A general outline of the questions that will be asked will be shared with you prior to your deciding to participate so you will know what to expect and can assess your comfort level with the material. Confidentiality will be strictly safeguarded throughout the research process by using numbers instead of names. You will be part of a larger pool of responses so that the data can be examined for trends, themes, and patterns. Any identifying information will be completely disguised.

The process will be as follows. Your therapist will give you the material on the study. If you are at all interested, I ask that you give your therapist permission to share your telephone number with me. I would then contact you and we can discuss all aspects of the study. I would, also, be happy to meet with you before you decide whether or not you wish to participate in the interview. The way it is set up, this would end my contact with your therapist unless you want us to share information, at which time you would need to sign a release of information form for me.

You would certainly be encouraged to share what ever you want with your therapist. There would then be one meeting, if you wish, and only one interview. I would be pleased to share a summary of the results of the study with you.

The material you have includes this summary, a copy of the interview questions for your review, two consent forms and a self addressed envelope. The consent form is an agreement between us regarding what is expected. If you wish to participate, I would need to have that form sent back to me prior to our interview, but, of course, we would talk first.

I do hope you will consider contributing to this study. If you are at all interested in talking further with me, give your therapist permission to share your number with me so I can contact you. If you prefer to call me directly, my telephone number is 312-642-0843. Thank you taking the time to read this. I hope to hear from you.

Mary Beale, LCSW

TO THERAPISTS WHO ARE WORKING WITH RAPE SURVIVORS

I am in the process of conducting a study for my doctoral research at Loyola University which is exploring how women recover from rape. The emphasis will be on their experience with imagery. The project has evolved from my concern for women who have been raped and an interest in imagery, levels of memory, dreams, and symbolism in the therapeutic process. As you are aware, it has been observed by clinicians and writers that imagery is a salient part of the post trauma experience. The aim of the study is to explore and document this process so that its meaning, function, and role in healing can be better understood.

The study is being conducted with women ages 21-60, who are in therapy because of rape related symptoms. Participation in the study entails one interview which will take 60 to 90 minutes. Participants will be encouraged to proceed at their own pace. It will be audio-tape recorded for the purpose of accuracy and in respect for the relationship between the researcher and the participant. The interview questions will be shared with your client prior to their consenting to participate with the thought that they would then know what to expect and could assess their comfort level with the material. I would also be happy to meet with them before they make their decision. Confidentiality will be strictly safeguarded by number coding throughout the process. Women who are presently involved in a court hearing or plan to be in the future would not be accepted. This prevents having to deal with a possible subpoena of material.

Your role would be to tell your client about my interest in interviewing them and give them the material that I have given to you which includes: a summary of the study, a copy of the interview questions, two consent forms, and an addressed envelope. If they are at all interested, I would ask that you request that they allow you to share their telephone number with me and a day and time they wish to be called. You would then give me their telephone number and their name or a pseudonym, and I would follow through with your client. Please convey in what ever way is comfortable to you that their participation is optional. This would essentially be the end of our contact unless your client requests that I speak with you and signs a consent form to do so. Clear boundaries will be established that this is a single interview and clients would be encouraged to share their responses to the interview with you particularly if any undue stress results from it. Your client will also be told that she is free to stop at any time in this process without prejudice.

I am appreciative of your taking the time to consider talking with your client about this project. Please feel free to call with your questions and concerns. I would be happy to discuss all aspects of the study with you. My telephone number is 312 642-0843. Tuesday and Thursday mornings are particularly good times to reach me.

It is my hope that the interview may be helpful in some way to your client. Many women have felt that being helpful to others gives meaning to this most unwanted event. I do feel that the research will be useful in expanding our knowledge on how survivors heal and will help us learn more about the nature and function of imagery in that process. My thanks.

Thank you for taking the time to read this, Joanna. I will be coming to the open house on the 18th. I look forward to meeting you and to hearing more about the work you are doing.

Sincerely,

Mary Q. Beale, LCSW

PARTICIPANT'S INFORMED CONSENT

The following is a consent contract between the researcher and the participant regarding expectations and agreements during the research process including the interview, the data processing phase and the completion of the dissertation.

I, _____
_____ agree to participate in a research project conducted by Mary Beale, Doctoral student at Loyola University, School of Social Work. I am between the ages of 21 and 60.

I understand that the purpose of the research project is to understand more fully what the rape trauma means to victims by exploring the function and meaning of imagery post trauma. It is being conducted so that client experiences can be better understood, summarized and used to improve counseling and psychotherapy with victims. I acknowledge that Mary Beale has fully explained to me the need for the research and the benefits involved. I, also, understand that the purpose of the interview is to explore my experience with imagery, its meaning to me, my theory about what function it might serve and my feelings about what counselors can do to be helpful to me and others who have been raped.

Furthermore, I acknowledge that she has informed me that the interview will be approximately one hour and that it will be tape recorded. I also confirm that she has offered to answer any inquiries which I may make concerning the procedures to be followed; has informed me of the legal issues related to legal privilege and confidentiality; has stated that I may see the material written about what I have shared and am encouraged to give feedback regarding the accuracy of the interpretation from my point of view. It has been agreed that my counselor will not be involved in anyway unless a written permission is signed by me. I, also, understand that if, at any time, I feel uncomfortable and wish to drop an issue and move on or wish to terminate the interview completely, it is my responsibility to communicate this to the interviewer at which time she will do as requested without prejudice. I understand that I understand it is my choice to share the content of the interview experience with my counselor and I am encouraged to do so if the interview causes undo distress.

I further understand that the information I give is confidential and it will be number coded as a means of protecting my identity. I have also

been informed that a copy of this consent form will be given to me and be signed by the researcher to confirm her agreement to keep all material confidential. With this knowledge I freely and voluntarily consent to participate in this research.

Signature of Participant

Signature of Researcher

Date

INTRODUCTION TO INTERVIEW

Thank you for joining me in this research project. I want you to know that I understand that the experience you have had and feelings you have experienced since then are very sensitive and difficult ones, and I truly appreciate your agreeing to talk with me about this very personal subject. I want to assure you that any thoughts or feelings that you have had are acceptable to me. There is no right or wrong or good or bad here. I have deep respect for you as a woman and as a rape survivor. Rape is a traumatic and unwanted experience and I am hoping that by exploring how it has affected you, we can be of help to others. By listening to people and reading, I became aware of the fact that imagery, in the form of nightmares, dreams, daydreams, repetitive thoughts, intrusive images and ways women view their body, self and the world, can all be a part of the post rape experience. As you know, that is what we are going to look at together. If at any time during the interview you feel that I am being intrusive or you feel upset and wish to stop, I want you to tell me. Your safety is the most important thing to me. Again, what you say is confidential in the ways that we discussed.

Meeting and Greeting

How did you feel about coming? Do you have any questions or concerns? We will begin now. I am going to turn the tape recorder on. As I mentioned I felt using the tape recorder would assure that I have all of what you say recorded, and I also did not want to be writing while we were working together on this. A goal of our interview is to explore the content and kinds of the images you have experienced since you were raped. Many people have bothersome thoughts and sensations after an event like you have experienced and that is what we will look at more specifically in a minute.

1. First I am going to ask you factual questions about yourself. If there is anything you do not want to answer that is fine.

-How old are you?

-Are you working and what do you do? What kind of education have you had?

Married? Single? Divorced? Children?

-What is your living situation?

-Do you have extended family? Do they live near you? Briefly describe your relationship with your mother, your father, your brothers, yours sisters.

-Have you had any losses that you feel were significant, for example, the death of a significant person in your life or the loss of something special to you.

- Did you experience any abuse when you were growing up, emotional,²⁵⁶ physical or sexual? If so, do you have specific memories of the abuse or did you discover it happened in some other way?
- Have you ever known anyone who was raped?
- Was this the first time this has happened to you?
- 2- What brought you to therapy or counseling?
- 3- Now I will ask you about the specifics of the rape experience. How long has it been since the rape. Were you alone, on the street or at home? Was it at night or during the day? Did your assailant have a weapon? What did you do? What happened?
4. When you remember what happened to you, do you see any images or pictures in your mind? Can you share with me what pictures you see? How do the thoughts come to you? Can you see colors? Do you experience smells, sounds, or feelings? Do you hear things? Is there anything else you would like to share with me?
- 5-Has this experience changed your self image? How did you feel about yourself before the rape. How did you feel after the experience? How do you feel now?
- 6-Has your image of yourself changed in relationship to others like family, friends, boyfriend, spouse, or children. What was it like before the rape? After? Now?
- 7-Has your image of your body changed since the experience? What was it like before? After? Now?
- 8-Has your image of yourself in relation to your environment such as work, where you live, what and how you do things changed. How was it before? After? Now?

9- Did you experience a sadness or a sense of loss after the experience? Can you share what this is about for you? Was that feeling there before the rape? How was it after? Have these feelings changed?

10-Is there anything else about the rape experience and its aftermath or your experience with imagery that you wish to share?

11-What do you think has helped or possibly hindered your recovery.

12-How have you coped?

13-What would you like counselors to know about what would be helpful to you and others who have had similar experiences?

14- How has the experience of this interview been for you? How do you feel now? Is there anything you would like to share? For example, ways in which I might make this interview or process better for participants?

treated by him or others at his medical clinic; although physician contended that statutory physician/patient privilege exempted him from releasing requested information to grand jury, federal Medicaid fraud prevention legislation, which re-

quired disclosure, prevailed under Supremacy Clause of United States Constitution. *People v. Ekong*, App. 3 Dist.1991, 164 Ill.Dec. 25, 221 Ill.App.3d 559, 582 N.E.2d 233.

8-802.1. Confidentiality of statements made to rape crisis personnel

§ 8-802.1. Confidentiality of Statements Made to Rape Crisis Personnel. (a) Purpose. This Section is intended to protect victims of rape from public disclosure of statements they make in confidence to counselors of organizations established to help them. On or after July 1, 1984, "rape" means an act of forced sexual penetration or sexual conduct, as defined in Section 12-12 of the Criminal Code of 1961, as amended,¹ including acts prohibited under Sections 12-13 through 12-16 of the Criminal Code of 1961, as amended.² Because of the fear and stigma that often results from those crimes, many victims hesitate to seek help even where it is available at no cost to them. As a result they not only fail to receive needed medical care and emergency counseling, but may lack the psychological support necessary to report the crime and aid police in preventing future crimes.

(b) Definitions. As used in this Act: (1) "Rape crisis organization" means any organization or association the major purpose of which is providing information, counseling, and psychological support to victims of any or all of the crimes of aggravated criminal sexual assault, criminal sexual assault, sexual relations between siblings, criminal sexual abuse and aggravated criminal sexual abuse.

(2) "Rape crisis counselor" means a person who is employed in any organization or association defined as a rape crisis organization under this Section, who is a psychologist, social worker or a volunteer who has undergone 40 hours of training and is under the control of a direct services supervisor of a rape crisis organization.

(3) "Confidential communication" means any communication between an alleged victim of aggravated criminal sexual assault, criminal sexual assault, sexual relations between siblings, criminal sexual abuse and aggravated criminal sexual abuse or an attempt to commit any such offense and a rape crisis counselor in the course of providing information, counseling and advocacy. The term includes all records kept by the counselor or by the organization in the course of providing services to an alleged victim concerning the alleged victim and the services provided.

(c) Confidentiality. No rape crisis counselor shall disclose any confidential communication or be examined as a witness in any civil or criminal proceeding as to any confidential communication without the consent of the victim.

(d) Any rape crisis counselor who knowingly discloses any confidential communication in violation of this Act commits a Class C misdemeanor.

Amended by P.A. 83-1362, Art. II, § 109, eff. Sept. 11, 1984.

¹ Chapter 38, § 12-12.

² Chapter 38, §§ 12-13 through 12-16.

Historical and Statutory Notes

For saving clause, construction and application of P.A. 83-1067, see note following ch. 38, § 12-12.

P.A. 83-1362, Art. II, the 1984 Revisory Act provided in § 0.1:

"This Article provides for the nonsubstantive revision or renumbering or repeal of Sections of Acts necessitated by the amendment, addition or

repeal of Sections by two or more Public Acts of the 83rd General Assembly, which multiple action was not resolved by one of the Acts of the 83rd General Assembly affecting the particular Section."

For provisions of P.A. 83-1362, Art. I, § 1 relating to intent and Art. V, § 1 relating to effective date and nonacceleration, see note following ch. 5, § 55.19.

Notes of Decisions

In camera hearing 2
Validity 1

1. Validity

Absolute privilege of confidentiality granted by this paragraph for confidential communications between rape victims and rape crisis counselors

against him; declining to follow *In re Robert H.*, 199 Conn. 693, 509 A.2d 475. *People v. Foggy*, App. 3 Dist.1986, 102 Ill.Dec. 925, 149 Ill.App.3d 599, 500 N.E.2d 1026, appeal allowed 106 Ill.Dec. 51, 113 Ill.2d 579, 505 N.E.2d 357, affirmed 118 Ill.Dec. 18, 121 Ill.2d 337, 521 N.E.2d 86, certiorari denied 108 S.Ct. 2044, 486 U.S. 1047, 100 L.Ed.2d 628.

2. In camera hearing

Trial court's refusal to conduct in camera hearing of communications between rape victim and rape crisis counselor to determine whether agency's records might contain information, such as inconsistent statements, that could be used to impeach victim, on basis of absolute statutory privilege of confidentiality in communications between rape victims and rape crisis counselors, did not violate defendant's due process rights or his rights of confrontation, in absence of any indication by defendant that victim's communications with counselor would provide source of impeachment. *People v. Foggy*, 1988, 118 Ill.Dec. 18, 121

Ill.2d 337, 521 N.E.2d 86, certiorari denied 108 S.Ct. 2044, 486 U.S. 1047, 100 L.Ed.2d 628.

Refusal to conduct in camera hearing to determine whether relevant statements may have been made by rape victim to rape crisis counselors which would be exculpatory of defendant or could otherwise impeach victim's testimony, which refusal was based on absolute privilege afforded by statute to confidential communications between rape victims and rape crisis counselors, did not unconstitutionally impair defendant's rights to due process and to confront witnesses against him; defendant presented no "threshold basis" to believe that anything in confidential records would be impeaching of victim's testimony, and nature of privilege required absolute confidentiality for such communications. *People v. Foggy*, App. 3 Dist. 1986, 102 Ill.Dec. 925, 149 Ill.App.3d 599, 500 N.E.2d 1026, appeal allowed 106 Ill.Dec. 51, 113 Ill.2d 579, 505 N.E.2d 357, affirmed 118 Ill.Dec. 18, 121 Ill.2d 337, 521 N.E.2d 86, certiorari denied 108 S.Ct. 2044, 486 U.S. 1047, 100 L.Ed.2d 628.

8-802.2. Confidentiality of statements made to personnel counseling victims of violent crime

§ 8-802.2. Confidentiality of statements made to personnel counseling victims of violent crimes. (a) Purpose. This Section is intended to protect victims of violent crimes from public disclosure of statements they make in confidence to counselors of organizations established to help them. Because of the fear and trauma that often result from violent crimes, many victims hesitate to seek help even where it is available and may therefore lack the psychological support necessary to report the crime and aid police in preventing future crimes.

(b) Definitions. As used in this Act, "violent crimes" include, but are not limited to, any felony in which force or threat of force was used against the victim or any misdemeanor which results in death or great bodily harm to the victim.

(c) Confidentiality. Where any victim of a violent crime makes a statement relating to the crime or its circumstances during the course of therapy or consultation to any counselor, employee or volunteer of a victim aid organization, the statement or contents thereof shall not be disclosed by the organization or any of its personnel unless the maker of the statement consents in writing or unless otherwise directed pursuant to this Section.

If in any judicial proceeding, a party alleges that such statements are necessary to the determination of any issue before the court and written consent to disclosure has not been given, the party may ask the court to consider the relevance and admissibility of the statements. In such a case, the court shall hold a hearing in camera on the relevance of the statements. If the court finds them relevant and admissible to the issue, the court shall order the statements to be disclosed.

P.A. 82-280, § 8-802.2, added by P.A. 86-538, § 2, eff. Jan. 1, 1990.

Library References

Words and Phrases (Perm.Ed.)

PART 9. REPORTER'S PRIVILEGE

Paragraph

8-911. Interpreter's privilege.

APPENDIX B
Coding Processes

Coding Manual

Social Process-Surviving

Getting Through

Getting through is defined as continuing to remain alive, continuing to exist during an experience which is traumatic and assaults the individual physically, emotionally and mentally. It reflects the dictionary definition of survival: to continue to remain alive after the cessation of something or occurrences of some event: to continue to exist. 'Getting through', in this case, is the process whereby the individual survives the event as it is taking place.

The three ways in which the participants in the study 'got through' the rape experience were by dissociation, traumatic amnesia, and absorption. They are classified as hypnotic states (Singer, 1990). "Dissociating can be viewed as a mobilization of spontaneous hypnotic ability in the service of defending against extreme environmental stress (Spiegel in Singer, 1990, p. 127). The concept implies some kind of divided or parallel awareness (p.127).

1) Dissociation is defined as the splitting off of clusters of mental contents from conscious awareness, a mechanism central to hysterical conversion and dissociative disorders. Dissociation related to trauma may take the form of an out-of-body experience. An out-of-body experience is defined as an experience in which the individual perceives his or her awareness or mind as being outside or separated from the physical body. Out of body experiences are...a common component of near-death experiences occurring in individuals who suffer life threatening trauma or are revived or resuscitated after respiratory or heart beat have ceased (Singer, 1990, p.21-22). "The psychological theory holds that out-of-body experiences are a special state of consciousness and that the experience of being outside the body is essentially hallucinatory" (Singer 1990, p.22).

Examples: Examples of dissociation include: "I kind of dissociated myself... during the assault itself... I was not

in my body.(#10)." "I see it happening, and I'm looking up and watching two people(#8)" "It was for me on the outside...where it was me looking out and my hand was on the gold cover, him above me..(#12)." The last example quoted and other examples of dissociation are descriptions of past experiences as they were remembered and re-experienced. These participants had had a period of traumatic amnesia prior to remembering. For the purpose of definition and coding they will be treated as examples of dissociation in the 'getting through' process.

2) Amnesia is defined as pathological loss of memory; a phenomenon in which an area of experience becomes inaccessible to conscious recall. The loss of memory may be organic, emotional, dissociative or of mixed origin, and may be permanent or limited to a sharply circumscribed period of time. Retrograde amnesia is the loss of memory for events preceding the amnesia proper and the condition(s) presumed to be responsible for it (American Psychiatric Glossary, 1994). The event in the study is the rape trauma.

Examples of traumatic amnesia include: "I think I just wiped it all out then and there (#2)." "I just kind of numbed out, can't even remember what happened after or in between the time..(#4).

3) Absorption is the third way in which the participants 'got through' the trauma. In absorption "the hypnotic experience is one of intense absorption. The focal idea is attended to at the expense of any peripheral or contrasting experience... Many experiences involve this narrowing of focus to the point at which the awareness of being aware is restricted (Spiegel in Singer, 1990, p.124-125)".

Examples of absorption include:"I kept thinking I've got to remember where I am...so I had to remember the street names...all the K streets(#10)." "I tried not to escape mentally but physically...I tried to concentrate on getting out of there...physically taking note of everything I could.(#11)."

Responding

'Responding' defined: to exhibit some action or effect as in answer; to react. 'Responding' includes reactions and actions of the participants after the rape experience. It includes both immediate and long term effects.

Burgess and Holstrom documented women's responses to rape from July 1972 through July 1973. They called the totality of the responses the rape trauma syndrome. They divided the responses into two phases; the Acute Phases: Disorganization

and the Long Term Process: Reorganization. Perlmann and McCann(1990) found five response categories in victimized populations. They included emotional responses, biological responses, cognitive responses, behavioral responses, and social and interpersonal responses. DSM-IV also categorizes the responses of individuals to a traumatic event. ²⁶²

Examples of 'responding' include depression, anger, self blame, weight loss, re-experiencing of memories of the event, moving, withdrawing, and getting married.

Being Retraumatized

Being retraumatized defined: to be traumatized again by events in ones life that are experienced as violations of the self because the experience in some way mirrors or repeats the trauma in a symbolic way. The meaning of retraumatizations in this definition relates to an increased sensitivity and changed object relations related to certain life events. In some cases the notion of revictimization would be more accurate. The meaning refers to the link between early trauma and revictimization. "There is evidence that survivors of childhood sexual abuse are more likely to be victims of a later crime or accidents (Sedney and Brooks 1984), rape (Russell,1986), and domestic violence (Walker,1985).

Examples of being retraumatized: after a break in to her home, "I unlisted my phone, I wasn't functioning...I was a paralyzed as when I was raped" (#1), "I felt raped having to have surgery" (#8), "it was me dealing with feelings of being raped by the police" (#11).

Remembering

Remembering defined: to bring to mind or think of again: to bring an image or idea from the past into the mind (Websters New Collegiate Dictionary, 1980). "The traumatic event becomes encoded in an abnormal memory, which breaks spontaneously into consciousness, both as flashbacks during waking states and in traumatic nightmares during sleep(Herman, 1994, p.37)." DSM-IV (1995) "The traumatic event is persistently reexperienced in...recurrent and distressing recollections of the event, including images, thoughts and perceptions."

Example of post trauma remembering. "it is just like it is happening all over again. They would just flash, a lot of my memories have been conscious flashes.(#6)" "Broken images at first flooded back. It was kind of like a movie on fast forward(#12)". "I had dreams and this is where the whole thing came up(#4)".

Loss and Mourning

Loss defined: to be deprived of or coming to be without something that one has had. Mourning defined: grief; reaction to a loss of a love object(i.e., important person, object, role, status, or anything considered part of one's self) consisting of a process of emotional detachment from that object which frees the subject to find other interest and enjoyments(American Psychiatric Glossary, 1994). "Mourning is regularly the reaction of a loved person or to the loss of some abstraction(Freud, 1917)." "Stress situations involve losses, even if only the temporary loss of the illusion of invulnerability that is involved in every misfortune(Krystal, 1988, p.) "Reconstruction of the trauma requires immersion in a past experience of frozen time; the descent into mourning feels like a surrender to tears that are endless(Herman, 1994, p.195)".

Examples of loss and mourning: "yeah, there have been losses", "When I think of loss I think of death" (#1), "I realize how much I missed" (#4), "grieving is hard to do" (#1).

Healing

Healing defined: to make whole or to restore to health(Webster's New Collegiate Dictionary, 1980). "It is important to note that, suffused though it may be by the strongest emotion, redefinition of self and situation is not mere release of affect but a cognitive act on which all else turns. It is a process of realization(Parkes, 1972), of reshaping internal representational models so as to align them with changes that have occurred in the bereaved's live situation (Bowlby, 1980, p.94).

Examples: "I'm on the other side(#1)", "I'm remembering and healing in little pieces(#6)", "I am trying to reconstruct myself(#3)", "Being whole is like the sweetest feeling I have ever known(#6)".

OTHER ANALYSES

Impact on the Self

Impact defined: an impinging or striking especially of one body against another. Also the force of impressions of one thing on another: an impelling or compelling effect(Webster's New Collegiate Dictionary, 1980). This includes the participants description of the ways in which the rape changed their object relations related to self, body, others and the world. "At the heart of our theory is the idea that trauma shatters the self(Ullman and Brothers, 1988, p.5).""Disturbances in self-regulation, self esteem, self

representation are common sequels to trauma (Waites, 1993, p.104)". "Traumatized people suffer damage to the basic structure of the self(Herman,1992,p.56)".

Examples:"I feel like it impacted me in all ways. It impacted me physically, mentally, psychologically, and spiritually(#8)." "After the rape...like I wasn't worth anything in all areas(#4).""Before the rape I wasn't afraid of anything, now I have lost trust in my body(#3).

Imagery

Imagery defined: any thought representation that has a sensory quality. Imagery may involve the sense of seeing, hearing, smelling taste or movement. Images are memory fragments, reconstructions, reinterpretations and symbols that stand for objects, feelings or ideas (Horowitz, 1970). "The most important portion of a traumatic memory is imagery...(Brett & Ostroff, 1985)."

"I had an image of someone coming threw the door...(#1). "I guess one of the big things I did want to remember was the image of the rapist coming to visit because it came a lot(#9)." "There's sometimes when I see his face(#10)."

6-8/94

Interested, want to help.

- 24
Chronically ill, criminally insane "People that scare me" 2
MA Clinical Psychology
5 To be married July of '95
Have a apartment with roommate +
"Not good to be too close to them - They live in Minnesota
(M) (F) Daniel abuse, from Apr to May 64th, had a 2nd grade mother
Controlling, manipulative, not supportive, but a very strong
Don't know him, he left 1 or 2 y/o before I did. I don't know him, possibly with a
Older, 27, Mentally ill - MPD, 1/2 8 years younger I try to cultivate the
N
(SF) also abused older sister / not raped sexually molested
SPV
SF
2-16

2-16
 acquaintance "I've got some experience," "I'm stronger now"
 in apartment, forced sex, 1st of 6 pers, head fed, slapped, dragged, oral sex - 11/21 to 6/74
 1/2 of passage, 21 in y/o, living in Chicago, at night, after midnight class - 2000
 He could press 350 pounds
 Dissociated, feeling going to die, almost thrown up, Dis. in ceiling of dining room
 Moved to Suburbs, Filed police report - Washed to / for a long time through his underwear
 Work, Operations → Nightmares / Felt like having a growth inside me / Heavy on genital
 "I'm stronger now"

~~It's like being struck~~
"There was out there that wasn't struck"

delusional saw dead woman body in closet, Dissociation

I don't have any actual memory about what happened there during it. I wanted to be

Superficially happy, paper-thin "more proud to be alone" - strong loner, but little else long for
But who is she? and what of her self-esteem, make me vulnerable? "Being safe along dark

the relationship had become his sole security, made me vulnerable, and I was
Afraid to walk streets, hide my body -

Self esteem better now. I standing now. The water is swirling around. There's light but not the

Hypoglycemic - don't want to go into coma / Safety issue so people won't eat call on the street
 Start with EDI and - 1 hr. later with insulin therapy

Struggled with EDI order - (made copy with baggage claim)
I could smell him all w/ washing tracer / both ways. Took 2nd baggage claim list (1/2 hour)

Post-operation - feeling less of a woman. It would be better to get rid of curves if not of

Red Jaybird killed - Remember seeing it Under the couch

[illegible]

learned to set stronger, firmer limits. I able to tell people what I need now

[illegible]

Swaled, to hide	1
-----------------	---

I don't feel as safe in the world, I see it as a continuing learning process

100

I feel I lost so much, my job, financial loss, physical loss, loss of safety, health

Heavy while taking about

I dated and understood why women's getting with the wrong guys, I can relate to
Flashbacks in college, in the FB about abuse - & tried to get depressed & suicidal

Wanted to get a new suit deep in the woods, I helped me to make a new suit, taking a lot of time.

I've always thought things could, it could change it. I could get out my part of healing in front of the world and my victims of sexual assault. I want to help others.

To be listened to, I don't have to say anything. Having a man that's a positive influence

Allowed to go at own pace. (Support group = normalized - Blake encouraged it)

take control & taught how to get half validation of feelings - judgments
thoughts feelings memories our

(2) ^{Hawkins} ^{Wiggors} ^{right}
See st. Fulmer, ^{the move} ⁽⁸⁾ sexual - night inquest -
^{wakened}

with eggs. Fleas back after rape (4)
nest found to be in a hole

~~I needed~~ ~~this~~ emotional
to wall side tied up on
~~a~~ it has been
not was weeks
I would do it as having much more

out - it to move ^{to get water} ^{beds}
 5 - on certain trapped feeling, nauseous

going to doctor
When in table -
1/2 hr + a basic attack
Really remembered "hor" in chld

1000

Ad 11/17

[illegible]

Wm. H. H. H.


W. H. H. H.

Therms

2222

[illegible]

Black



W. H. B. B.

CATEGORIES, THEMES AND QUESTIONS TO BE ANALYZED

1- Demographics-sample

2- Family-Object relations. What kind connects/correlations can be generated. Family that didn't talk about feelings-Part. holds experience develops symptoms,etc. Incest, physical, emotional abuse- what is the impact on reaction to rape.

3-Rape-categories of relationship to rapist, general specifics, Time frame and triggers related to reactions/reexperiencing the rape. Responses. How different and similar to Burgess and Holstrom's responsive style.

4-Imagery

Types-flashbacks, nightmares, body sensations,etc.

General/individual imagery-Scarlet letter, Dream lost, loss of soul and burning of snakes

Body

Self

Waites uses self concept, self esteem and identity

Other

Environment

5-Loss and Mourning

6-Dissociation- #s, description, past experience, type

7-Issue of remembering

How remembered

Triggers

How they came

How it felt to remember

Their function

Their meaning

Why now

Idea- the dissociation excludes feeling and creates a not there experience a kind of waking dream. Theory-one has to feel to work through, flashbacks serve this purpose. The gradual experiencing of the feelings that were dissociated at the time of trauma.Barrier to remembering is unbearable pain.

Waites-"Memory of a traumatic event is obliterated by amnesia and the individual develops a gap in her accessible memory". Tulving(1983) on semantic and episodic memory. Veridical- Waites(Fair, 1988)

8-Coping both + and -. Cultural, object relations, and resolution

- 9-Retraumatization. #'s, effect. Does it bring the rape into focus more quickly and lead to resolution or a further weakening and debilitating even the deepens difficulty. (Waites pg.29)
- 10-Notion of type of rape and inferences- Ex. acquaintance rape leads to self blame more equivocal about where or not it was rape- damage insidious like a dripping pipe-erodes slowly.
- 11-Incest- impact on rape, person, and dissociation
- 12-Death imagery -preoccupation with death imagery in # of cases.
- 13-Question of repetitive reenactment of sexual abuse including rape. Why are incest victims more likely to be raped or are they? Repetition compulsion. See Waites quote page 105. Notion of sexualized responses and dissociate link and lead to automatic response. Person starts to automatically dissociate and "things happen"
- 14-Diagnosis and Misdiagnosis- reclarify. Waites pg.87
- 15.Helping survivors- deep breathing, symbolic enactments, and controlled confrontations.
- 16.For clinicians(MB) since rape can be repressed for such long periods it would be helpful to ask about this in early assessment. It can be the gateway to childhood incest and sexual assault. Symptomatology=depression, anxiety attacks, etc.
- 17.Other protective mechanism - body's ability to protect self through powerful analgesics, (Lauren). Von der Kock posit the idea of an addiction to trauma related to the production of analgesic endogenous opioids(1988)

Log notes (7) Self Psychology / Fragment
To Heal is to make whole
To be broken

1/23/95
A dream "Shattered mirror" #2
Shattered of Self - fear of going to pieces
- loss of self through destruction
part of

Function
& memories
Pain of remembering - reconstituting
lost time, loss parts of self
Memories serve

- ① Connect to affect - deadness of not feeling
- ② Fill in gaps - to not be oneself

Listen
Deadness
Missing
Self as in time
" coherent
" as complete, whole
Self with a continuous life story/history

* Flashbacks give knowledge
** Early abuses → vulnerability to abuse
not conscious

" in the present
" I was going thru the motions
" " on automatic " I did what
I had to do but I didn't feel

1/23/95
Dissociation a way of enduring - in
Carters terms of absence of emotion,
maintaining control
Healing
Following in her model the remembering
and mourning

Process of remembering, violation of safety
need to risk to feel whole

LOS NOTES

Symbolic descent to
bury trauma

Protection

Safety - turn affirming the
Healing / Forgiving / Honoring
Remembering Physical, Emotional
Realness
Death of self
"I'm on the other side"

(3)

#6 Sweet Papa

protection

7-8

Theme protecting and being protected, being
unprotected, trying to protect self

Secret to Dad / also #7, 11, -

Mem 9-10

Recovery = value in saying hard to give
After death of Dad felt safe to look at
all this stuff. I couldn't deal while he
was alive

Healing
#9-11

Healing by Forgiving #6 #9

12

Safety Theme

Papa remembered before incest

pg 22

To be on the other side ^{stage of healing}

pg 24

Remembering ^{is physical} - initially flooded with so
much stuff, it was so overwhelming
"And you do the cardiovascular workout
where you feel your insides are being
ripped apart. It's very painful experience."
This is retraumatizing - having to go thru
the remembering to heal

25 Papa turning out to be defective, worthless, bad
Somehow living with me, disgust @ self
- Started to think I had some protection / safe / with him
Frozen - I guess I was waiting to die
Used symbolic descent to bury trauma

Death
Meaning
Survival

Tape No. 12 - 12/31/94

M on? What happened? And I opened my mouth to tell her, you know, that Margaret finally dealt with it. I lost it. And that was kind of finally me dealing with -- and the rape came back and started dealing with everything like that.

THE INTERVIEWER: When you say lost it, what happened? You did something?

Oh, I started blubbing.

THE INTERVIEWER: Yes, you started crying. You just

M Crying, I was incoherent. Chrissie just grabbed me, dragged me into a corner of the hallway. We're at a conference center at a hotel and drags me into a corner and is like holding me and like are you -- what's going on? Are you okay? What's happening? Have no clue what's going on, of course. Trying to calm me down enough to even figure out what's going on. It turns out it was the hallway to the hotel rooms. We didn't know where it was. It was the new conference center. And Charlotte Hollinger came along and took me back to her room with her and we kind of worked through a little bit just to make me coherent. And started the process, but it was, that was how I finally started the process.

THE INTERVIEWER: Can you describe what it was? Were you having shortness of breath? What kind of -- were you _____ body?

It was hard for me to breathe.

THE INTERVIEWER: Uh-huh.

Everything was tense and my head hurt; just everything came flashing back.

THE INTERVIEWER: Specific memories of the --

Specific memories.

THE INTERVIEWER: Of the rape?

*Do you
remember
the
rape?*
Of the rape. The person that raped me was a person that I had gone out with a few times. I was 17, and he was a friend of a friend. And he was a contractor. He was a roofing contractor, very attractive, four years older than me. He was the oldest person I had ever dated at that point.

THE INTERVIEWER: Yes.

And of course, he was like the one person my mother liked because he was very polite when he came to pick me up.

THE INTERVIEWER: Yes. Yes, that doesn't always --

No. You know, ____.

THE INTERVIEWER: Yes.

*Is
that
right?*
But he was very strong physically and I was much smaller at the time. I weighed 120 pounds. I was 5'8", and he just picked me up out of the blue and just threw me down.

THE INTERVIEWER: You were on a date?

Rape
We were on a date. We were supposed to be double dating, and the other couple had a fight. And so we were going to a basketball tournament that my high school was playing in, and it was in his home town. It was outside of Springfield, Missouri. And so we drove. He picked me up and we drove out there, and he

One list of examples
and themes for
each of 5 phases
response

Healing

(1)

#1 (12) It's been a long process

HL
23
3 Healed

(Signs)

(13) 8 years later after marriage, divorce, Therapy and now engagement "I'm so far removed from it, even though I can still react to it but I'm beyond it. "I've gotten strength to say, "Yeah that did happen and I need to move on."

(14) I'm on the other side now

(15) I am a different person now

Talking to others takes the power out of it
My perspective on life changed, more positive
look toward things

(Signs)

(16) I don't dream much anymore. It is not
difficult to talk about it here

#2 (22) "I think that coming here and talking with Terry has helped me regain part of my self image (Putting pieces together in the interview)

complete
Stage

(23) "I don't feel like I am well

#3 (6) Memories / image function is to help you heal - Body getting them out

(7) Trying to deconstruct self

#4
I have to reconnect with Mother (beginning healing process) Much grief and loss

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